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ABSTRACT

This monograph reports achievements of the SKI*HI project, a 3-year outreach project to improve access and development of services to presently unserved or underserved infants and young children with hearing impairments as well as to provide leadership and technical assistance to agencies implementing the SKI*HI model. The project provided direct training in 15 locations to 297 new parent advisors (resulting in services to approximately 717 families) as well as training of 24 SKI*HI trainers and dissemination activities with 13 states. Key tenets of the SKI*HI model include: (1) early identification and intervention; (2) the home as an early intervention setting; (3) assistance to family members who are facilitators of language development; (4) early fitting of amplification; and (5) psycho-emotional support for families. The model consists of three major components: administrative, supportive services, and direct services to families. The key professional, the parent advisor, makes weekly home visits. Results of two studies on program effectiveness demonstrated that SKI*HI children made significant gains in language and auditory development. The project is continuing in several states and new training and parent materials are being developed. Extensive appendices include a sample newsletter, title pages of products developed, adoption process materials, data collection material, conference programs, and a brochure. (Contains 39 references.) (DB)

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Comprehensive Training of Personnel and Technical Assistance in Establishment of Home Intervention Programs for Families of Infants, Toddlers, and Preschool-Aged Children with Hearing Impairments

Project SKI*HI Outreach

FINAL REPORT

Early Education Program for Children with Disabilities
U.S. Department of Education
Grant Number: HO24D90004
CFDA: 84.024D

Donald Barringer, Ph.D.
Project Director
Dorothy Johnson, M.S.
Project Coordinator

Utah State University
Department of Communicative Disorders
Logan, Utah 84322-1900

March 30, 1993

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II. ABSTRACT

SKI*HI Outreach
Comprehensive Training of Personnel and Technical Assistance
in Establishment of Home Intervention Programs for Families of
Infants, Toddlers, and Preschool-Aged Children with Hearing Impairments

Donald Barringer, Ph.D.
Director

Dorothy Johnson, M.S.
Coordinator

The goals of the SKI*HI Outreach project were (1) to stimulate and assist in the development of services to presently unserved infants and young children with hearing impairments and their families and to improve services to those presently being served, and (2) to provide leadership, monitoring, coordination, information, training, and technical assistance to agencies using the SKI*HI Model. All of the project's outreach efforts were coordinated with state agencies and state coordinators. During the three years of the grant, the project provided training in 15 locations to a total of 297 new parent advisors, resulting in services to an estimated 717 previously unserved or underserved families. A total of 24 new local SKI*HI trainers were trained, certified, and provided with training materials. Their training efforts will result in a large number of additional parent advisors serving large numbers of families. Dissemination activities were conducted with 13 states, and consultative assistance was provided to about 50 sites. Two new regions of the country, Western and North Central, received their first regional SKI*HI conference, and leaders from these regions are now planning to continue holding these conferences every two years. SKI*HI also provided assistance to the Southeastern Region as they continued to hold regional conferences. The SKI*HI Institute newsletter, published three times a year, reached a mailing list of more than 1,200. Several new products were developed and produced during the grant period, including a complete revision and update of the SKI*HI Resource Manual, the basic tool for SKI*HI home programming. A summary of the impact of SKI*HI Outreach during the 3-year period is in Part IX of this Final Report.

The basic tenets of the SKI*HI Model are (1) the importance of early identification and intervention during the first few years of the child's life, (2) the importance of the home as a setting for early intervention, (3) assisting family members in their role as facilitators and language development, (4) the need for early fitting of amplification, and (5) early intervention

for psycho-emotional support for families of young children who are deaf or hard of hearing. The model consists of three major components: Administrative, Supportive Services, and Direct Service to Families. The key professional, who makes weekly home visits, is called the parent advisor. This person forms a partnership with the family to assist in obtaining support, information, and skills for facilitating the child's development.

The need and demand for training and assistance in implementing this model continues throughout the United States. SKI*HI Outreach has been meeting this demand through its comprehensive state-level coordination, awareness, training, technical assistance, product development and evaluation system.

SKI*HI Outreach had nine objectives for the grant period. These are listed on page 1, Part IV, of this Final Report. The activities used to accomplish these objectives are on pages 9-17, Part IV of this report.

During the grant period, SKI*HI Outreach collected data on children from replication sites across the country and added the data to the national SKI*HI data bank. In addition to annual data analysis and reports, two major data studies were completed. Both of these studies demonstrated that children served by SKI*HI programming made significant gains in language development. SKI*HI children were identified at a median 17 months of age and also made progress in auditory development. Their parents reported progress in their own understandings and skills. A discussion of the results of these studies is in Part VIII of this report.

SKI*HI Outreach activities are continuing in a number of states, with training currently scheduled in four locations in 1993 and about to be scheduled in two more. The project is developing new training and parent materials, as well as a new resource manual on family-centered, home-based programming, for all professionals working in early intervention for young children with disabilities. SKI*HI Outreach has adapted its awareness and training approach to meet the changing needs of professionals and agencies, and will continue to be sensitive to such changes. Part X of this report discusses future activities of the project.

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IV. GOALS AND OBJECTIVES OF THE PROJECT

The goals of the SKI*HI Outreach project were: (1) To stimulate and assist in the development of services to presently unserved infants and young children with hearing impairments and their families and to improve services to those presently being served, and (2) to provide leadership, monitoring, coordination, information, training, and technical assistance to agencies using the SKI*HI Model.

The objectives of the SKI*HI project to attain these goals include the following: (1) to create an awareness of the need for services to infants with hearing impairments and their families and an awareness of SKI*HI Outreach Services, (2) to develop curricular and training materials for use with families in the home and in training personnel in implementing the SKI*HI Model, (3) to assist agencies in development of a comprehensive delivery system of services that will serve infants and young children with hearing impairments, and their families, (4) to provide quality training to replication and other agencies through training sessions, (5) to evaluate the effect of the SKI*HI Model on child progress, (6) to evaluate the effectiveness of the Outreach process, (7) to assist continuing adoption agencies to strengthen and further develop their home intervention programs by implementing all the components of the SKI*HI Model, (8) to provide national leadership in data collection, research, product development, information, dissemination, training and assistance to adoption programs in the SKI*HI Network, and (9) to work with state agencies and SKI*HI adoption agencies to ensure optimal implementation of services to families of infants, toddlers, and preschoolers with hearing impairments as part of full services under P.L. 99-457.

The activities and accomplishments of the project in relationship to these goals and objectives are described in Section VI of this report.

V. THEORETICAL FRAMEWORK

This section includes two groups of concepts and findings underlying (1) SKI*HI family-centered programming, and (2) the SKI*HI Outreach Project.

A. Findings Underlying SKI*HI Programming

Five areas of research which substantiate the basic tenets of SKI*HI Programming and provide direction for further development and refinement of the program in training of family members to be facilitators of language development are: (1) early identification and intervention during the first few years of the child's life, (2) the importance of the home as a setting for early intervention, (3) assisting family members in their role as facilitators of language development, (4) the early fitting of amplification, and (5) early intervention for psycho-emotional support for families of young children who are deaf or hard of hearing. Selected research studies in these areas are described below. Full references are in Appendix A.

1. Early Identification and Intervention

Hearing loss has a profound effect on a child's communication and language development (McAnnally, Rose, & Quigley, 1987; Moores, 1987; Oller, 1985). The language input a child receives during the early years of life is critical to the child's acquisition of communicative/linguistic competence and later academic skills. Other areas of the child's development such as socialization, cognition, and even motor development may be affected (Meadow, 1980; Moores, 1987; Sanders, 1988). Studies involving children who have hearing impairments show that habilitation during the critical period from birth to 2½ or 3 years of age results in greater linguistic and academic gains than habilitation after age 2½ to 3 years (Levitt, McGarr, & Geffner, 1987; Watkins, 1987). White and White (1987) evaluated 46 preschool-aged children from the time the children entered an infant program until they were 3 years of age. The study showed that early intervention had a strong positive effect on the language attainment of all the children regardless of the parents' ability to hear. Other researchers who have determined the benefits of programming for children with disabilities prior to their school entrance or writers who have stressed the importance of early programming include the Colorado State Department of Education, (1984), De Raeve (1990), Elkind (1988), and Sigston (1985).

2. Importance of the Home as the Setting for Early Intervention

DeBerry (1984) conducted a survey of 35 Minnesota early intervention programs and found that the home setting was preferred by the staff of most of the programs in order to maximize early development of children in natural environments. Other researchers and writers who stress the importance of early home intervention for hearing impairment and other disabilities are Clark and Watkins (1985), Judge (1988), Karniski (1986), Meyer and Salisbury (1990), and Paciorek (1983).

3. *Family Members as Facilitators of Language Development*

Watkins (1987) found that children whose families participated in a family-oriented, home based early intervention program demonstrated superior communication and social skills, particularly when this intervention was coupled with a pre-school program, to those children whose families did not participate in such a program. Other researchers who have established the importance of assisting family members to be the prime facilitators of language development in the young hearing impaired child include Bruder and Bricker (1985), Fitzgerald and Fischer (1987), Fitzgerald and Karnes (1987), Herzog (1985), Keyes (1988), McDade and Varnedoe (1987), Price and Bochner (1984), and Snow (1984).

4. *Early Fitting of Amplification*

A study was completed by Watkins (1985) on children participating in SKI*HI programming throughout the country during the 1983-84 years. The children had been fitted with hearing aids at different age intervals and had worn their aids for different periods of time. Children who received amplification the earliest and who wore their aids the longest scored the highest on the Language Development Scale. Other researchers who have studied and written about the advantages of early amplification include Berger and Millin (1980), Ling (1984), Mischook and Cole (1986), and Ross and Tomassetti (1980).

5. *Importance of Early Intervention for Psycho-Emotional Adjustment of Parents*

According to Leigh (1987), "The pressure in families when a hearing impairment enters the picture is such that one can only respect parents as survivors" (p. 2). The key to helping parents cope, according to many writers, is the provision of early home intervention programs that include psycho-emotional support services for parents (Blair, 1981). These services should include early and regular contact with a caring, helping professional (e.g., parent advisor). Other writers and researchers who have stressed the important of psycho-emotional support include Bennett and Algozzine (1983), Bromwich (1981), Loots (1990), Luterman (1986), and Ross (1990).

B. Concepts Underlying the SKI*HI Outreach Project

The SKI*HI early home program was developed to meet the needs of the family and the child with hearing impairments. There is a further need for a system to transfer that effective program to state and local agencies which serve children and families. State and local educational agencies, Part H and Section 619 coordinators continue to request SKI*HI training and implementation assistance. SKI*HI Outreach provides an effective process for awareness,

dissemination, training, technical assistance, evaluation, and product development which meets their needs.

With the support of the EEPCD, the SKI*HI Model has been adopted throughout the United States by agencies serving very young children who are hearing impaired and their families in special programs for the hearing impaired. With the advent of P.L. 99-457 and P.L. 102-199, children with low incidence disabilities such as hearing impairment are now also beginning to be served with early intervention/early childhood programs for all infants, toddlers, and preschoolers with disabilities. This change in service setting has opened a new arena and demand for SKI*HI Outreach services.

Project SKI*HI Outreach offers critical training features to school districts and other agencies serving infants, toddlers, and preschoolers with hearing impairments. These training features include how to work with parents and other caregivers in the home and other settings outside the school. The training includes working with infants, toddlers, and preschoolers and the unique needs associated with hearing impairment. These elements include the training necessary to ensure optimal national programming and to ensure that goal #1 of America 2000 is achieved. This goal states that *all* children will enter school ready to learn. It is imperative that children with hearing loss receive the programming and materials offered through Project SKI*HI Outreach, for these children are part of the realization of this goal.

VI. DESCRIPTION OF THE DEMONSTRATION AND OUTREACH MODELS; OUTREACH ACTIVITIES AND ACCOMPLISHMENTS

A. The SKI*HI Demonstration Model

The SKI*HI Model is a family-centered early home program for families of children, age birth-to-5 years with hearing impairments. The model has an administrative component, a direct services to the family component, and a supportive service component. Figure 1 on the following page illustrates the complete SKI*HI Model.

Figure 1

THE SKI*HI MODEL

ADMINISTRATION

Identification	Family Directed Assessment	Program Management	Training and Supervision	Transition
Screening	Multi-Disciplinary Assessment of the Child and of Family Resources, Priorities, and Concerns	Coordination with Statewide System	Staff Training	Service Option Planning and Development
Public Awareness		Staff Selection	Inservice Training	Transfer of Information
Referral System		Service Delivery Model	Supervision System	Adherence to Local Procedures
Intake System		Service Coordination		Post-Placement Follow-up
	Family Focused Interview	Interagency Cooperation		
	Family Goal Setting	Program Evaluation		
	IFSP	Home Visit Procedures		
	IEP	Budget		

DIRECT SERVICES TO THE FAMILY

Family Readiness	Communication Development for the Family	Developmental Areas	Team Management	Family Support
Caring for the Child	Communication Interaction	Hearing Aid Program	Parent-Professional Partnership	Psycho-Emotional Support
Meeting Family Survival Needs	Communication Methodologies	Auditory Program	Consultation and Planning	Accessing Services
Emotional Readiness for Information		Language Program	Periodic Assessment	Cultural Competence
			Periodic Staffings	

SUPPORTIVE SERVICES

Medical	Educational/Clinical	Logistical	Psychological	Community
Otolaryngology	Audiology	Video Equipment	Consultative	Church
Ophthalmology	Physical Therapy	Hearing Aid Loan System	Parent/Family	Cultural Resources
Pediatrics	Occupational Therapy	Parent Materials	Parent Advisor	School
	Speech/Language	Adaptive Equipment	Parent Groups	Respite Care
	Hearing, Vision Services	Parent Library Loan		Mental Health
		Toy Lending Library		Social Services
				Foundations

Financial	Transitioning
Public Service Agencies	Assistance to Parents
Private Agencies	Preparation of Child

The following major components comprise the demonstration model:

I. Administrative
II. Direct Services to Families
III. Supportive Services

All of the model is presented in training. However, for those agencies only using specific components of the model, training is focused to their needs. The training emphasis is on the Direct Service Component.

The key professional in the SKI*HI program is the parent advisor who makes weekly visits to the home and/or to alternate locations to collaborate with and provide information and support to families with children who have hearing impairments. The parent advisor coordinates with the parents, other caregivers, and multi-disciplinary team members to implement the administrative and supportive service components of the demonstration model. Parents are directly involved in assessing their family needs, developing family/child goals, and selecting meaningful experiences and activities in which to practice stimulation skills. The parent advisor does not work directly with or tutor the child. Rather, the parent advisor works with the child in order to model and teach skills and activities for the families to use in stimulating the child as they interact within the family environment. The SKI*HI Resource Manual has been developed around the following developmental areas: communication, hearing, speech, auditory, and language development. Topics are written to help parent advisors convey information and skills to the parents in hearing aid usage, warm and effective parent-infant communication, and facilitation of aural-oral or total communication language development.

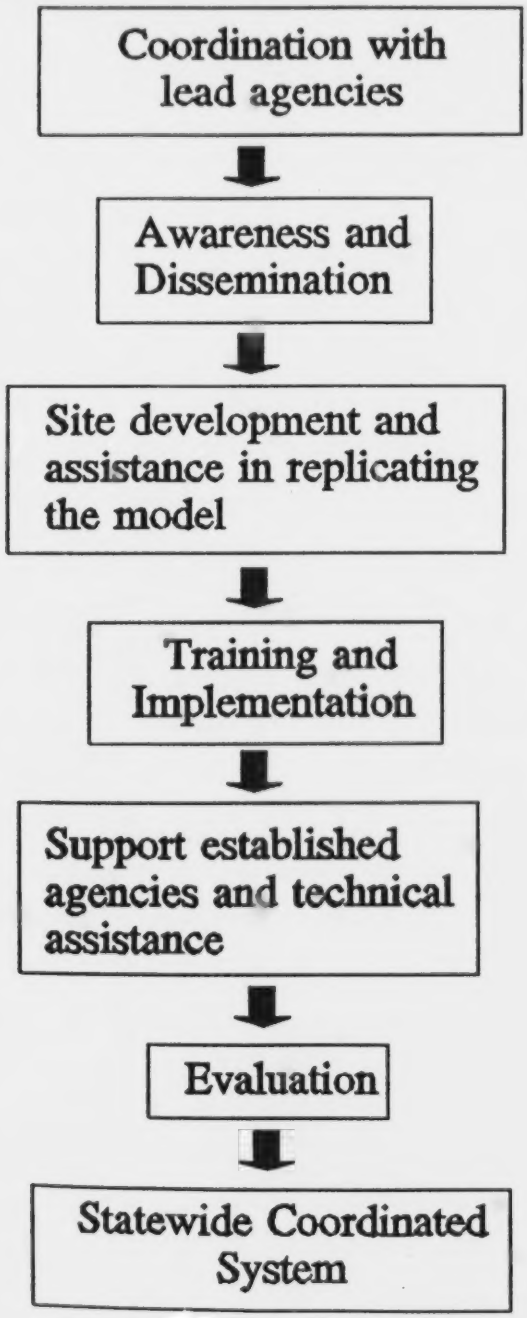
B. The SKI*HI Outreach Model

The Outreach Project, the means by which the demonstration model is disseminated to state, regional, and local agencies, is organized to meet the goals and objectives listed on page 1. The schematic on the next page depicts the SKI*HI Outreach Design.

Figure 2

SKI*HI Outreach Design

Sequential Services to New Adopting Agencies


Coordination with lead agencies
Awareness and Dissemination
Site development and assistance in replicating the model
Training and Implementation
Support established agencies and technical assistance
Evaluation
Statewide Coordinated System

Ongoing Services

- Product Development and Dissemination
- Support and Develop National Organization
  - Linkage / Network
  - Information
  - Advocacy
  - Conferences
  - Professional Support
- Monitoring and Follow-up Activities
- Annual Survey and Maintain SKI*HI Data Bank
- Technical Assistance
- Training

C. Outreach Activities and Accomplishments, 1989-92

This section summarizes the activities and accomplishments associated with the nine SKI*HI Outreach objectives listed in Part IV of this report.

Objective 1: To create an awareness of the need for services to infants and toddlers with hearing impairments and their families, and an awareness of SKI*HI Outreach services.

a. SKI*HI awareness materials were sent out on request during the grant period. More than 1,750 items were sent.

b. Awareness conferences and/or telephone consultations were conducted with 12 states, resulting in five training workshops during the grant period and six planned for the current year under two new grants.

c. Three issues per year of the SKI*HI Institute Newsletter were published and mailed to a mailing list of more than 1,200. See Appendix B for a sample newsletter.

d. The Director and Coordinator made three presentations per year at national and regional conferences.

Objective 2: To develop curricular and training materials for use with parents in the home and in training personnel in implementing the SKI*HI Model.

a. A two-tape video program and accompanying workbook on the Family Focused Interview was produced and distributed. This tape has been used in training since 1990. See Appendix C for the title page of the workbook.

b. Spanish translations of the SKI*HI Lesson Summary and Challenge Sheets for parents and the SKI*HI Language Development Scale Test Form were completed and distributed. See Appendix C for the title pages of these publications.

c. A total of one hour of new video clips was designed, shot, edited, and incorporated into the SKI*HI Training Package.

d. A new procedural manual for replication site development was written and put to staff and trainer use. See Appendix D for the Adoption Process Checklist, which is the core of the manual.

e. A new awareness and basic training format was developed and piloted. This format was designed to meet the needs of changing service situations throughout the country. This format reaches and trains agencies and individuals not necessarily serving only children with hearing impairments.

f. A new video tape for administrators was developed and produced. This tape describes the SKI*HI Model and training, and emphasizes the importance of administrative support for SKI*HI programming.

g. A revised an updated edition of the SKI*HI Resource Manual was written, edited, and produced. This was a major project during 1991 and 1992. SKI*HI staff, plus experienced SKI*HI users and trainers served as writers and field readers. The final edit was completed in Fall of 1992 and the manual was sent to the printer at that time. The manual was ready for distribution in February of 1993. See Appendix E for the Table of Contents.

Objective 3: To assist agencies in development of a comprehensive delivery system of services that will serve infants and young children with hearing impairments and their families.

a. Pre-training conferences were conducted with each training site. Topics included implementation plans, supervision plans, in-state coordination, inservice plans, participation in the SKI*HI data system, and a process for identifying trained participants who might become locally certified SKI*HI trainers.

b. Conferences with local coordinators were conducted during and after training to provide ongoing consultation on the above topics and other related concerns.

c. Monitoring services were offered to all training sites. Only one agency requested the service, which was carried out during year two of the grant and reported in the second Interim Performance Report.

d. Complimentary materials, ranging from one to eight sets per agency depending on size, were provided to agencies during years one and two. In year three, the budget allocated to complimentary materials was partially used to provide discounts to all trainees on the purchase of materials. Additional complimentary materials were provided to agencies which made a commitment to adopt and use the SKI*HI Model.

Objective 4: To provide quality training to replication and other agencies through training sessions.

SKI*HI Basic Training was conducted in the following locations:

a. New sites: Upper Peninsula of Michigan, Virginia, Pennsylvania, Vermont (two different trainings), California (two different trainings), Nevada, and Nebraska.

b. New personnel or agencies in continuing sites: Minnesota (two different trainings), Kentucky, Florida, Mississippi, Connecticut.

Participants demonstrated through on-site small-group activities and practica, and through home study units, their understanding and initial competency in the concepts and skills of the SKI*HI Model. A summary of participant evaluations of basic training is on pages 14 and 15.

In addition, 70 certified SKI*HI Local Trainers nationwide conducted training in their local areas during the 3-year period of the grant. These trainer are located in 24 states. These trainers are asked to report their training, but not all of them do report. The following chart depicts a conservative estimate of number of local SKI*HI training workshops.

Number of Workshops

State	1989-90	1990-91	1991-92	Total
Arkansas	1	1	1	3
Connecticut	1	1	1	3
Florida		1		1
Georgia	1	1	1	3
Hawaii	no report	no report		-
Indiana		1		1
Kentucky		assisted national	trainer	-
Louisiana	no report	no report		-
Maine		1		1
Michigan		2	2	4
Minnesota	assisted	national trainer	yearly	-
Mississippi		assisted national	trainer	-
Missouri	1	1	1	3
New Mexico	1	1	1	3
New York		1		1
Ohio	no report	no report		-
Oklahoma	1	1	1	3
South Carolina	1			1
South Dakota	1	1	1	3
Tennessee	1	1	1	3
Texas	2	2	2	6
Utah	1	1	1	3
West Virginia		1		1
Wisconsin	no report	no report		-
Total				43

43 workshops x average of 21 participants each = 903 new parent advisors

The following chart depicts a conservative estimate of numbers of new families served by these new parent advisors, assuming that about ½ of these took over existing caseloads of parent advisors who moved to other positions.

Year Trained	½ of The Number of New Parent Advisors Trained	x Average Estimated Number of New Families Served (3 per year)	x Number of Years Serving Families	= Estimated Number of New Families Served
1989-90	252 x ½ = 126	x 3 = 378	x 3	= 1,134
1990-91	378 x ½ = 189	x 3 = 567	x 2	=1,134
1991-92	273 x ½ = 137	x 3 = 410	x 1	= 410
				2,678

Objective 5: To evaluate the effect of the SKI*HI Model on child progress.

As a part of basic training, site personnel are trained in the SKI*HI methods of performing child assessment, and collecting and submitting data on child progress. All sites are encouraged to submit their data once a year in May to the National SKI*HI Data Bank; submission is voluntary.

Each summer and fall during the project grant period, the previous year's data were entered and analyzed. Each winter, a National Data Report was printed and distributed. In addition, in February of 1991, SKI*HI received its third 6-year validation approval from the U.S. Department of Education Program Effectiveness Panel (PEP) (see Appendix F). The revalidation study included data collection from 1986 to 1989. The National SKI*HI Data Report for the year of this outreach project for 1989-90, was included with the second interim performance report, March, 1992. The National Data Report for the year 1990-91 is included in Appendix G of this final report. Because of a major research project that was conducted through a separate OSERS grant on all SKI*HI data since 1979, a yearly data report for 1991-92 was not written. The results of the research study have been printed in a 313-page report which is available for purchase. The title of that report is "Research on the Effects of Home Intervention on Hearing-Impaired Children and Their Families," abbreviated "REAP study."

A copy of that report accompanies this final report. It has also been entered in ERIC; its number is ED 349750.

The 1990-91 Data Report and the 12-year REAP study both show that SKI*HI programming continues to promote statistically significant gains in both receptive and expressive language. During the 1990-91 year, data were received for 647 children served by SKI*HI in 61 different sites. These children made nearly 12 months of receptive language gain and 11 months of expressive language gain over a 12.2-month period. The REAP study shows that in the years 1979-1991, 3,290 SKI*HI children in 143 different agencies representing 30 states and one Canadian province made a mean gain of 1 month in both receptive and expressive language for every month of intervention.

These gains exceed what would be expected due to maturation alone, and strongly suggest that the SKI*HI program is improving both the receptive and expressive language of children who are deaf and hard of hearing through home intervention. A more extensive discussion of the results of the SKI*HI revalidation study and the REAP study is presented in Section VIII of this final report.

Objective 6: To evaluate the effectiveness of the Outreach process.

a. Annual site surveys were conducted. A simple convenient postage-paid card was sent to each SKI*HI agency (see Appendix H). This survey gave updated information on the agencies using SKI*HI including current name and address, numbers of parent advisors, and numbers of families served. Information from that survey plus information on the activities of SKI*HI Outreach, was published in the SKI*HI Institute Annual Report. The most recent report, published in May of 1992, contained results of the 1991 annual survey. An extract of this report is in Appendix I. The survey for 1992-93 is currently in progress.

b. Training workshops were evaluated by participants. Evaluations were summarized for each workshop and the summaries were sent to the trainers and local site coordinators so that adjustments could be made if needed. A summary of workshop evaluations for 1991-92 follows.

1991 - 1992

SKI*HI BASIC TRAINING WORKSHOP EVALUATION SUMMARY

SITES: Nebraska, Sacramento, San Diego, Vermont, Nevada
DATE: 1991-1992
NUMBER OF RESPONDENTS:
WORKSHOP #1 - 74 WORKSHOP #2 - 71

QUESTION	PERCENTAGES WORKSHOP #1	WORKSHOP #2
1. Compared to other programs I have attended, this workshop is in the:		
Top 10%	43%	46%
Top 25%	43%	30%
Middle 30%	12%	18%
Bottom 25%	1%	3%
Bottom 10%	0%	3%
No Response	1%	0%
2. The stated workshop objectives corresponded closely to what has actually been done:		
Strongly Agree	51%	51%
Agree	41%	37%
Neutral	0%	5%
Disagree	4%	3%
Strongly Disagree	0%	0%
No Response	4%	4%
3. Compared to the instructional staff of other programs, how would you rate the instructional staff of this program?		
Top 10%	54%	66%
Top 25%	37%	21%
Middle 30%	4%	10%
Bottom 25%	1%	0%
Bottom 10%	0%	0%
No Response	4%	3%
4. Did this program generally meet your expectations?		
Yes	93%	87%
No	3%	10%
No Response	4%	0%
Yes/No	0%	3%

QUESTION	PERCENTAGES WORKSHOP #1	WORKSHOP #2
5. Would you recommend this program to a colleague?		
Yes	92%	90%
No	5%	10%
No Response	3%	0%
6. Did you have enough information about this program before you arrived?		
Yes	86%	45%
No	14%	54%
No Response	0%	1%
7. If I had a choice, I would/would not take a program from this instructor again because:		
Would	94%	90%
Would Not	1%	3%
No Response	5%	6%
Yes/No	0%	1%
9. The home study assignments were valuable and contributed to understanding of the subject matter.		
Strongly Agree	NA*	24%
Agree	NA*	49%
Neutral	NA*	13%
Disagree	NA*	7%
Strongly Disagree	NA*	4%
No Response	NA*	3%
10. The graded home study assignments were returned promptly.		
Strongly Agree	NA*	50%
Agree	NA*	34%
Neutral	NA*	8%
Disagree	NA*	4%
Strongly Disagree	NA*	3%
No Response	NA*	1%

NA* - These questions were not on the evaluation for the first workshop.

c. Regional SKI*HI conferences were evaluated as well. The evaluation summary for the Western Regional Conference in August 1991 was included in the second Interim Performance Report, March 1992. An evaluation summary for the North Central Regional Conference, held August 1992 is on the following pages.

SKI*HI/INSITE NORTH CENTRAL REGIONAL CONFERENCE
CONFERENCE EVALUATION RESULTS

SITE: ST. PAUL, MINNESOTA
DATE: JULY 30 - AUGUST 1, 1992
RESPONDENTS: 29

QUESTION		RAW SCORE	PERCENTAGE
1.	**Compared to other conferences I have attended, this workshop is in the:**		
	Top 10%	15	52%
	Top 25%	11	38%
	Middle 30%	3	10%
	Bottom 25%		0%
	Bottom 10%		0%
2.	**The information I received at this conference will be useful to me in my work:**		
	Strongly Agree	18	62%
	Agree	11	38%
	Neutral		0%
	Disagree		0%
	Strongly Disagree		0%
3.	**This conference met my expectations:**		
	Strongly Agree	15	52%
	Agree	13	45%
	Neutral	1	3%
	Disagree		0%
	Strongly Disagree		0%

Comments:
- EXCEEDED expectations

4.	**Based on this conference, I would attend another North Central Regional SKI*HI/INSITE Conference:**		
	Strongly Agree	23	79%
	Agree	6	21%
	Neutral		0%
	Disagree		0%
	Strongly Disagree		0%
5.	**I had enough information about this program before I arrived:**		
	Yes	20	69%
	No	6	21%
	Yes/No	3	10%

Comments: GREAT!

- Yes, after registering. No, before registering
- Would have liked conference agenda sent with confirmation letter
- Agency in-house problem, info was probably there, but not distributed
- Format changed from original, was okay, just different.
- Too late
- Late in coming

6. **If I answered *NO* to #5 above, I have written my comments next to those items for which I required additional information:**

(1) Registration
- Late
- Perhaps a contact person such as Foundation for Better Hearing & Speech, Cheryl McMann or Dept. of Education, Larry Krouse, would have a mailing list for this area.
- What was scheduled, what was offered, didn't get this info 'till I got here.
- History of SKI*HI, what materials are available at our agency, SKI*HI's involvement in our geographical area. Was explained through sessions, however.

(2) Lodging/Food Service
- Great (2), sharing a bathroom in the dorm brought back memories
- Great food (6), enjoyed variety
- Late
- Meals were wonderful
- Good food (4), could have scheduled so students weren't in line at same time
- Need cleaner showers
- Lodging was okay, "dorm fine!"(2)
- Food serving time too short, especially barbeque, I missed it! (NOTE: No, this wasn't Donna)

(3) Location/Facility
- Needed a map ahead of time for directions and distance from airport
- Super
- Excellent, beautiful area (4), not much time to explore
- Beautiful setting, comfortable facilities, easy to find
- Great (5)
- Nice, good

(4) Other:
- Great weather

Comments:

- Send info earlier, mine received after school was out

7. **I thought the following were the best aspects about this conference:**

- Speakers were excellent, everyone very knowledgeable in their areas, times were appropriate, location great, food yummy. Liked a summer conference. SKI*HI staff helpful and wonderful (2). It was a HUGE success.
- Planning for future conference, HIV info
- Renewed motivation/challenge (2), intensive/effective conference time management
- Good speakers, diverse topics, asking for topic interest before conference, time to meet with colleagues
- Multi-handicapped session--Actually, all the sessions
- Behavior, Crackerbarrel, home visit activities
- Rock Soup (5), Jo Mascorro (6), Parent Panel (11)
- Meeting people, people were fun to be with
- Presenters were good and covered a wide range, session lengths were good (2), cost was affordable
- People were friendly and talkative, comfortable/relaxed atmosphere, received useful information and suggestions
- Interaction with colleagues, other PA's (4)
- Great variety (2)
- Enjoyed Debbie Lively - great presentation
- Audience comments
- Upbeat, good adherance to schedule, quality and competency of presenters, friendly and approachable SKI*HI staff, current/relevant issues, variety of topics, crackerbarrel promoted sharing of information
- Door prizes
- Excellent program, choice of presentations
- More basic info on SKI*HI/INSITE for those of us who don't belong
- Extremely well organized for participants, wonderfully organized
- Relevant information, dynamic speakers

8. **I think the following things could be done to improve this conference if offered again:**

- Administrator's meeting conflicted with concurrent sessions (2), SKI*HI Staff meeting was "blah!"
- Home towns/work area/program of participants printed on name tag (3), repeating popular sessions so they won't be missed because of interest conflict (6), a balance of parents using TC and aural-oral communication on the parent panel.
- Get input from SKI*HI/INSITE users as to frequency of conferences (more often as this was VERY GOOD), have some sessions offered twice
- Little more break time
- More information about St. Paul's evening activities (2)
- Better advertising
- Better pre-conference publicity, maybe through state dept. mailings or ECSE coordinators. I kept thinking of people I wished had been here as several sessions would have easily fit their needs, but they had no connection with the program (SKI*HI/INSITE) and weren't informed.
- Get more to attend

- Would be nice to have deaf parents on the Parent Panel
- Try to get more PA's involved
- Different time of year, perhaps teacher ed. days (mid-October)
- More small group settings with a "topic" discussion, not crackerbarrel
- Avoid presentation/discussion during lunch
- Clearer designation of emphasis of presenter (hearing/vision/deaf-blind)
- State presenter's credentials and current professional assignment in session description.
- Start breakfast and first meeting later
  8:30 - 9:00 Breakfast
  9:15 - Meetings begin
  Get more comfortable seating, adequate # of interpreters

Additional Comments:

- Thanks for all the efforts to organize a wonderful workshop (2)
- You really did a great job, not much room for improvement!

d. Evaluations of SKI*HI Local Trainer Certification workshops were included in the first and second Interim Performance Reports for this project. These evaluations were positive. Local certification training was not conducted in 1992 because the newly revised SKI*HI Resource Manual was nearing completion and new training guidelines for that manual could not be ready for trainers.

Objective 7: To assist continuing adoption agencies to strengthen and further develop their home intervention programs by implementing all the components of the SKI*HI Model.

a. Telephone consultation was provided to continuing SKI*HI sites each year of the project.

b. On-site visits were made on request to Texas and Oklahoma during year one. Site monitoring services were requested by and provided to the Mississippi School for the Deaf during year two.

c. A comprehensive survey of all SKI*HI sites was conducted May-September, 1991, to determine status of implementation and technical assistance needs. The results were used to plan assistance activities for the remainder of the project. The number one form of technical assistance requested was regional conferences.

d. In year two, a staff member attended the 1991 meeting of Southeastern Regional SKI*HI program administrators upon their request.

e. SKI*HI Institute organized and sponsored a Western Regional Conference July 31 - August 3, 1991, with the purpose of giving the western states a foundation for holding their own regular regional conferences.

f. In year three, western state supervisors and administrators began planning a second Western Regional Conference to be held in Summer 1993. SKI*HI staff provided financial support, participated in a series of telephone conference calls for planning, and attended a meeting of the program planning committee in May 1992.

g. SKI*HI Institute organized and sponsored a North Central Regional Conference July 30-August 1, 1992, in St Paul, Minnesota. Participants from Minnesota, Wisconsin, Michigan, Iowa, Indiana, North Dakota, South Dakota, and Utah attended. (See Appendix J for the program.) The purpose was to give the North Central states a foundation for holding their own regular regional conferences. As with the western region, program supervisors from these states decided to continue this conference on a biannual basis. They have divided into two smaller

regions, the East North Central and West North Central regions. Both have planning committees and are planning conferences in Summer 1994.

Objective 8: To provide national leadership in data collection, research, product development, information, dissemination, training, and assistance to adoption programs in the SKI*HI network.

a. Data Collection: SKI*HI published an annual SKI*HI Data Report for the 1989-90 and 1990-91 years. Copies of these reports were included in the year one and year two Interim Performance Reports and in this final report, respectively. Agencies which had submitted data received a summary report of their data plus a copy of the annual data report.

b. Research: An extensive 3-year research study funded by a separate OSERS grant analyzed SKI*HI child and parent data collected form 1979-91. The results of that research were published in 1992. This study provided a large body of information in three main areas: (a) the demographic characteristics of infants, toddlers, and preschoolers with hearing impairments and their families, (b) identification of young children with hearing impairments, and (c) the effectiveness of SKI*HI programming on children and families in the areas of hearing aid management, auditory development, and communication/language development. Some of the results of this study are described on pages 29-33.

c. Product Development: SKI*HI maintains a state-of-the art level in its practices and products. A chronology of innovations, developments, and revision of the SKI*HI Model during the past five years is presented below.

1988-89
- Development of best practice Manual for Management of Home-Based Programs.
- A national survey of parents, parent advisors and supervisors to determine best practices in parent support for parent advisors and other home interventionists.
- Development and printing of a Manual for Home Interventionists and Parent Advisors.
- Development of SKI*HI Home Program Visuals.
- Publication of a picture reference book to accompany SKI*HI Total Communication video tapes: Sign Language for the Family.
- Development of up-dated slide/tape overviews of five SKI*HI home programs.

- Development and distribution of video, The Family Focused Interview, and accompanying workbook, in collaboration with Dr. Pamela Winton of the Frank Porter Graham Child Development Center.
- Translation of parent materials and Language Development Scale into Spanish.

1990-91

- Open captioning (for the hearing impaired), of awareness and training video tapes.
- Update of SKI*HI Mediated Training Package with new training modules and video tapes.

1991-92

- Third recertification by the Program Effectiveness Panel (PEP).
- Project R.E.A.P.: A complete analysis of the largest known data bank on infants, toddlers, and preschoolers with hearing impairment.
- Complete revision and printing of the fifth edition of the SKI*HI Resource Manual.
- Revision of the SKI*HI Outreach training format to fit non-categorical programs.
- Development and production of a video tape for program administrators, describing the SKI*HI Model, training, and the benefits of administrative support.

Products developed by SKI*HI for parents and professionals were widely distributed during the grant period. Limited numbers of complimentary materials were provided to agencies committed to using SKI*HI programming, as budgeted in the Outreach grant. Large numbers of materials were sold by a separate, private company, HOPE, Inc. A tabulation of materials sold is available from HOPE, Inc., 809 North 800 East, Logan, Utah, 84321.

d. Contracted SKI*HI Training: Training beyond that covered by grant monies was conducted in several states which had already received basic training and needed to train additional parent advisors.

e. Newsletter: The SKI*HI Institute Newsletter was published and mailed three times each year to a mailing list of more than 1,200. It provided current information in the field of early home intervention, kept readers informed about new developments in SKI*HI, and provided a way for SKI*HI users to be connected and supported. A sample newsletter is in Appendix B.

f. SKI*HI Certified Trainers:

(1) SKI*HI conducted two certification training workshops for new local trainers during the grant period. A total of 24 new trainers for 13 states were trained.

(2) SKI*HI requested a 3-month extension of the grant for October-December, 1992, in order to hold an additional local trainers' workshop. Because the new edition of the SKI*HI manual was being completed, and the new training format (see Section C, 2e. on page 9) was being revised, it had not been possible to conduct local trainer's training in 1992. It was decided that these two items still were not complete enough to hold a local trainers workshop in the fall. However, it was more crucial that the national SKI*HI trainers be brought together at that time for orientation to the new SKI*HI manual and to be involved in revision and update of the SKI*HI training package. Therefore, the grant extension was used to help fund a meeting of National trainers, November 19-21, 1992, in Logan, Utah at the SKI*HI office. (See Appendix K for the agenda.) All seven national trainers attended. They had been provided with a last-draft photocopy of the new SKI*HI Manual prior to the meeting. By the end of the meeting, they had a working familiarity with the manual and had collaborated with SKI*HI staff to produce a draft outline and training suggestions for a revised training package. In addition, they shared valuable information with staff and each other on how the new training format had worked during its pilot year of 1991-92 and adjustments that needed to be made for future training. This was an extremely valuable use of the time and resources of the SKI*HI Outreach grant.

(3) A newsletter for all national and local trainers, Trainers Tidings, was published and mailed twice yearly in conjunction with another EEPCD project. Currently, there are 7 national and 64 local SKI*HI trainers. This newsletter keeps trainers updated on developments with SKI*HI curriculum and training, as well as new information in the fields of hearing impairment, early intervention and the training of professionals. It includes idea sharing among trainers and helps maintain a training consistency and camaraderie.

Objective 9: To work with state agencies and SKI*HI adoption agencies to ensure optimal implementation of services to families of hearing impaired infants, toddlers, and preschoolers to assist in full services under P.L. 99-457.

During the grant period, SKI*HI placed increasing emphasis on close cooperation with Part H and Section 619 coordinators as well as other state coordinators in initiating and continuing SKI*HI services to meet their needs and goals. The Director contacts and maintains

communication with these state-level individuals so that the goal of coordinated services and assistance to the system may be accomplished, and so that fragmentation of services may be minimized. When individual service agencies contact SKI*HI for training or assistance, SKI*HI informs and consults with the state coordinators.

VII. METHODOLOGICAL/LOGISTICAL CHALLENGES AND HOW THEY WERE RESOLVED

The project faced challenges in two main areas during the grant period: (a) a change in the needs of states, agencies, and training participants and (b) a need to maintain closer contact with the agencies and individuals who had received training and assistance in past years. These challenges, and the response by SKI*HI Outreach, are described below.

Challenge #1: The Change in Outreach Needs

When SKI*HI was first providing outreach training and assistance, the recipient agencies and individuals were those specifically serving children with hearing impairments in special programs. Since these agency personnel for the most part had a specialized educational background, training, and work experience with this population, SKI*HI training had been designed to build upon this existing knowledge and expertise. Traditionally, it consisted of two workshops, a 3-day session and then a 4-day session 6 to 8 weeks later.

With the advent of P.L. 99-457 and P.L. 102-119, children with low-incidence disabilities such as hearing impairment are now also beginning to be served within early intervention/early childhood programs for all infants, toddlers, and preschoolers with disabilities. In addition, states are expected to maintain more coordinated statewide services to children in the birth-to-5 age range. The changes in service setting and state needs have opened a new arena and demand for SKI*HI Outreach services.

When the SKI*HI service model is delivered through local school districts and early intervention agencies, the personnel who deliver it typically are not trained to serve children with low-incidence disabilities such as hearing impairment. Instead, they have generally received cross-categorical training, and may never have worked with a child with sensory impairment.

The need for training to help prepare these personnel to effectively serve children with specialized needs has become acute.

Another problem encountered in facilitating the training is that often only one or two persons from an entire agency serve children who are deaf or hard of hearing. In addition, most early interventionists who are working with children who are hearing impaired and need the specific training offered through SKI*HI are generally scattered through several agencies over large geographic areas. Except for the larger metropolitan areas, there are usually only a few children with hearing impairment in each local early childhood or parent-infant program.

Another problem, related to the heightened emphasis on early intervention, has been that training participants could not take leave from their jobs to attend seven days of training as readily as they had been able to do in the past. States have been conducting a great deal of inservice training to prepare professionals for new roles in early intervention. SKI*HI training may now be just one of several that participants need to attend during the year.

During the three years of this Outreach grant period, Project SKI*HI Outreach addressed these concerns by developing an awareness and training format designed to be flexible in meeting a variety of needs. In responding to today's demand for coordinated statewide services and for systemic change, SKI*HI Outreach conducts all awareness, dissemination, planning, training, and technical assistance through close cooperation with state education coordinators, Part H and Section 619 coordinators, and other lead agencies for services to children ages birth-to-5 and their families. Local service agencies may arrange to select and send members of their staff to training as in the traditional outreach approach, or individual professionals in the state may register and take the training on their own initiative.

The training format developed during this period consists of an initial 1½-day weekend on-site session, followed by home study assignments between sessions, and another 1½-day weekend session at the end of the course. The training is set up as a graded university course. The traditional 7-day on-site training format, and a 6-day variation, is still available as an option for those who feel it would best meet their needs.

This new approach to training and coordination has several benefits:

1. The opportunity to be trained has been extended beyond just employees of adopting agencies to any professionals who expect to serve children who are deaf or hard of hearing, birth-to-5, and their families.

2. Participants miss fewer days of work to attend on-site sessions.

3. With the home-study assignments, they are able to gain a deeper understanding of the SKI*HI program and resources during the training period.

4. The home-study assignments allow participants to apply what they are learning in their local situations and to choose the areas in which they will focus their study.

5. Greater involvement by state agencies can help fill states' needs for a more coordinated approach to early intervention. SKI*HI provides a crucial piece in the states' provision of services to the birth-to-5 age group in fulfillment of requirements under Parts H and B of the Individuals with Disabilities Education Act.

Project SKI*HI Outreach offers critical training features to school districts and other agencies serving infants, toddlers, and preschoolers with hearing impairments. These training features include how to work with parents and other caregivers in the home and other settings outside the school. The training includes working with infants, toddlers, and preschoolers and the unique needs associated with hearing impairment. These elements included in the training are necessary to ensure optimal state and national programming and to ensure that Goal #1 of America 2000 is achieved. This goal states that *all* children will enter school ready to learn. It is imperative that children with hearing loss receive the programming and materials offered through SKI*HI Outreach, for these children are part of the realization of this goal.

Challenge #2: The Need to Maintain Closer Contact with Previously-Trained Agencies and Individuals

SKI*HI Institute has conducted a survey of sites every year to update records and determine the yearly impact of SKI*HI. SKI*HI Institute staff knew, however, that more information was needed about SKI*HI user agencies and individuals if appropriate technical assistance was to be delivered.

Therefore, during the first 1½ years of the Outreach project, SKI*HI conducted a comprehensive nationwide survey of replication sites. There were two purposes: (a) to

determine the status of SKI*HI programming in these agencies and (b) to determine what the agencies perceived as their greatest needs for ongoing technical assistance from SKI*HI.

The response indicated that the agencies were continuing to use SKI*HI programming and materials and were reading and using the SKI*HI newsletters and other mailings. They wanted to continue receiving information and materials, and in addition, they wanted more opportunities for update training as well as certification of experienced parent advisors as trainers in the local areas.

In the area of need for and interest in technical assistance, the most frequently requested categories on the survey were (a) regional conferences and (b) administrators' sessions at regional conferences.

During the remainder of the grant period, SKI*HI Outreach joined with INSITE Outreach, another EEPCD project, to sponsor two regional conferences in parts of the country where none had been held. The first was the Western Regional Conference in Durango, Colorado, July 31 - August 3, 1991 (reported in the Year Two Interim Performance Report), and the second was the North Central Regional Conference in St. Paul, Minnesota, July 30 - August 1, 1992 (reported in this Final Report, pages 16-20 and 21-22).

The goals were (1) to bring SKI*HI and INSITE users together to share and gain new knowledge, (2) to establish closer contact between SKI*HI Institute and these users, and (3) to encourage these regions to continue holding periodic regional conferences on their own.

All of these goals were accomplished. The western states are completing plans for a Western Regional Conference in Durango, August 4-6, 1993. The north central states have divided into a western and an eastern group and each is planning a conference for Summer, 1994. SKI*HI Outreach is contributing staff consultative time to these planning groups and is providing financial support. In addition, the Institute is committed to sending one or more staff members to each conference.

Each year during the grant period, SKI*HI also assisted the southeast regional administrators, who meet yearly and also hold a regional conference every other year. This is a strong and productive conference which has been operating since 1984.

Evaluations and comments from all the regions continue to indicate that regional conferences are an excellent way to provide needed assistance and information as well as keep

channels of communication open among SKI*HI users and between users and the SKI*HI Institute.

VIII. RESEARCH AND DATA EVALUATION FINDINGS

Data on children with hearing impairment and their families demonstrate that SKI*HI home-based programming has a very positive impact. SKI*HI programming was validated by the Joint Dissemination Review Panel (JDRP) for two 6-year terms, and in February of 1991 received its third 6-year validation approval from the Program Effectiveness Panel (PEP). The Office of Special Education and Rehabilitative Services (OSERS) funded another SKI*HI Institute Project (Project R.E.A.P.) to analyze the data collected on children served from 1979 to 1991 by SKI*HI adoptions across the country. This was a major undertaking and the data have now been analyzed. The results of both the revalidation study and the larger Project R.E.A.P. study are presented below.

Discussion. Child language progress is determined by using the SKI*HI Language Development Scale (LDS) which was validated specifically for young children who are hearing impaired. This scale measures receptive and expressive language skills. The scale is administered as a pre-test upon entry into the program and at 3- to 6-month intervals throughout intervention. Reliability and validity studies have been done on this instrument. Test scores are transformed to Intervention Efficiency Indices (Bagnato & Neisworth, 1980) and compared to pre-test developmental rates. These transformations yield Proportional Change Indices (PCIs) which compare rates of development during intervention to rates of development at pre-test. PCIs for SKI*HI children for the 1991 revalidation study, and the total overall results of children in the SKI*HI Data Bank are shown in Table 1. A PCI of greater than 1.0 indicates that rates of development are accelerated during intervention as compared to what would be expected by maturation alone. PCIs of less than 1.0 indicate that rates of development during intervention were less than would be expected through maturation alone.

Table 1 PCIs of Revalidation Study and R.E.A.P. Study

Revalidation Study			Project REAP
1986-1987	1987-1988	1988-1989	1979-1991
Mean PCIs 1.6 N=510	Mean PCIs 1.7 N=574	Mean PCIs 1.5 N=548	Mean PCIs 1.6 N=3290

Data on all children who received SKI*HI intervention during the 1986-87, 87-88, and 88-89 school years, and for whom pre- and post-test data were submitted to the SKI*HI National Data Bank, are shown in the above table. In the revalidation study, data were submitted by 97 different sites located in 23 states, for a total of 1,934 children. The above numbers do not equal 1,934 as not all data is complete for each child. For the R.E.A.P. study, the total N = 3,290, and children represented 30 states and one Canadian province. In each study, PCIs show that the rate of language gain for SKI*HI children was greater during intervention than would be due to maturation alone.

Children with hearing impairment receiving SKI*HI programming also demonstrated an increase in auditory, communication-language, and vocabulary development levels as compared to levels prior to treatment. The typical SKI*HI child increased (a) three auditory levels, (b) three communication-language development levels, and (c) two vocabulary development levels in an average treatment time of 6 months. These data are represented in Table 2.

Table 2: Average Beginning and Ending Auditory, Communication-Language, and Vocabulary Acquisition Levels for Validation Study and R.E.A.P. Study

	Auditory Level		Communication-Language Level		Vocabulary Level	
Validation Study	Mean Beginning Auditory Level	Mean Ending Auditory Level	Mean Beginning Com-Lang Level	Mean Ending Com-Lang Level	Mean Beginning Vocab. Level	Mean Ending Vocab. Level
	3.1[2] (2.9)	6.0[5] (3.5) N=746	4.0[3] (2.8)	7.1[7] (2.9) N=838	2.3[1] (2.1)	4.5[4] (2.5) N=811
R.E.A.P Study	Mean Beginning Auditory Level	Mean Ending Auditory Level	Mean Beginning Com-Lang Level	Mean Ending Com-Lang Level	Mean Beginning Vocab. Level	Mean Ending Vocab. Level
	3.2[2] (3.1)	6.4[7] (3.5) N=1421	4.0[3] (2.9)	7.2[8] (3.0) N=1632	2.4[1=] (2.1)	4.5[5] (2.6) N=1564

Note: Medians are in brackets. Standard deviations are in parentheses. N = sample size.

The data shown in Table 2 clearly illustrate that SKI*HI programming results in substantial gains in auditory, communication-language, and vocabulary developmental levels.

SKI*HI programming assists parents in acquiring skills needed to effectively facilitate the growth of their child. The mean number of new skills acquired per month ranged from one to three per developmental area. Table 3 illustrates parent gains.

Table 3: Mean Number of Parent Skills Acquired Per Month, Fall, 1986 Through Spring, 1989

Validation Study				
Mean # New Auditory Skills Acquired Per Month	Mean # New Commun. Skills Acquired Per Month	Mean # New Aural-Oral Lang. Skills Acquired Per Month	Mean # New Total Comm.-Lang. Skills Acquired Per Month	Mean # New Cognition Skills Acquired Per Month
1.4 (1.2) n=516	2.3 (2.0) n=669	1.9 (1.6) n=258	1.8 (1.5) n=270	2.8 (3.0) n=89

Note: Standard deviation in parenthesis.

Finally, one of the major goals of SKI*HI Programming is to identify infants with hearing impairment as close to birth as possible. SKI*HI programs across the United States are identifying children early. Median and mean identification age is reported in Table 4 for both the revalidation study and the R.E.A.P. study. The median age of identification for both the revalidation study and the R.E.A.P. study is 17.0 months. This clearly demonstrates the early age at which children in SKI*HI programs are identified. Recent reports in the literature continue to place average age of identification of hearing loss in infants at 19 to 36 months. The SKI*HI average is 19 months, with a median of 17 months, for 4,850 children.

Table 4: Means, Medians, and Standard Deviations for Age of Identification

Validation	R.E.A.P. Study
18.6 [17.0] (12.7) N=1519	18.9 [17.0] (13.0) N=4850

Note: Medians are in brackets. Standard deviations are in parentheses.

As illustrated in the above recent data, it is clear that SKI*HI programming results in positive child achievement, accelerated developmental growth, positive parent-skill acquisition and early identification of hearing loss. Perhaps the most impressive data are in Table 5. These data

demonstrate that young children with hearing impairment receiving SKI*HI programming gain 12 months expressive language growth and 16 months receptive language growth during 9 months of SKI*HI intervention. Historically, children with hearing impairment lag far behind in language development for their age.

Table 5: Expressive and Receptive Language Gains

Children's Scores (R.E.A.P. Study)		
	Expressive Language	Receptive Language
LDS Pretest	12 Mo.	12 Mo.
LDS Posttest	24 Mo.	28 Mo.
Score Increase (Average time = 9 months)	12 Mo.	16 Mo.
Total N=3290		

A copy of the REAP study accompanies this final report.

In addition to data analysis, statements of support from agencies using SKI*HI attest to the effectiveness of SKI*HI programming. Representative statements are presented below:

> ". . . I do not write a great many letters supporting grants and programs unless I have first hand, working knowledge of what benefits come from such a program as outreach but you can be sure that what we have gained as a program and what parents have gained from SKI*HI is measurable and positive. The children who have benefitted from this program in the past are the ones showing the most gains upon entering preschool. Their parents are the ones who keep up with sign language, oral language, contribute to parent groups and whose children have the best academic start in school and who adjust best to their deafness."
>
> Killeen ISD-Texas, Jean Marie DeSalles

> ". . . Our Educational Service Center serves handicapped children in eleven rural Kanasas counties, these services including hearing impaired children from infancy through grade twelve. The SKI*HI resources are especially helpful in serving those children locally instead of sending them to the State Institution for the Deaf (which is 6½ hours away). SKI*HI's philosophy and approach of working with parents in the home is state-of-the-art practice and has proved to be very effective for us."
>
> N.W. Kansas ESC - Sharon Nixon

"What has been especially helpful to us as a professional is the ability of SKI*HI to keep with the changing times. New videotapes, new monographs are constantly being written up and published by SKI*HI, making it possible to learn new and different approaches to working with deaf children and their parents, on an ongoing basis.

Myself and two other teachers have just returned from a wonderful 7-day training session, hosted by Lexington School for the Deaf in Jackson Heights, New York. I have been trained at Clarke School for the Deaf, and I have taught at John Tracy Clinic, two world-known programs, and I was entirely impressed and further educated by SKI*HI's method of adapting to the need of the individual family, whether they be using a total communication or aural-oral approach, something the previously two mentioned programs are not equipped to do."

St. Francis de Sales Parent-Infant Program
Brooklyn, N.Y. - Nancy Springer

"SKI*HI has changed teachers' attitudes to those of enthusiasm and action. They believe with SKI*HI there is something that will make a difference in the education of deaf children. The training has put new life and new hope into our program. The more teachers that are trained, the better."

Regional Day School for the Deaf
Temple, Texas - Claire Wells

IX. PROJECT IMPACT

A. Summary of Impact of Activities

The following is a summary of the impact of SKI*HI Outreach activities from 1989 to 1992.

Dissemination Process to State Agencies	13
Basic training workshops for new adopting sites	9
Basic training workshops for continuing adoption sites	6
Attendance at basic training workshops	297
Previously unserved or underserved children/families expected to be served by SKI*HI in these newly trained areas	717
Estimated number of additional parent advisors trained by local trainers	903
Estimated number of additional families served by these locally-trained parent advisors	2,678

Consultative assistance to sites	51
On-site assistance to sites and regions	10
Trainer's workshops to certify new local trainers	2
Number of new local trainers certified and receiving training materials	24
Number of new Regional Conferences	2
Number of attendees at Regional Conferences	246
National Trainers' Meetings for Update, Retraining, and Revisions of Training Packages	2
Number of Newsletter Issues Mailed to more than 1,200 Recipients	9

B. Products

Products developed during the 3-year grant period are listed below. The source for each product is marked as either HOPE or SKI*HI. The addresses are as follows:

Home Oriented Program Essentials (HOPE, Inc.)
809 North 800 East
Logan, Utah 84321
(801) 752-9533

and:

SKI*HI Institute (SKI*HI)
Utah State University
Logan, Utah 84322-1900
(801) 752-4601

1. Family Focused Interview, (HOPE, Inc.). A 75-minute videotape with accompanying workbook. The Family Focused Interview was developed at Frank Porter Graham Child Development Center to provide early interventionists with an ongoing process of interacting with families in a collaborative spirit to implement a truly family focused intervention program. This two part videotape shows this interview format presented by Dr. Pamela Winton of the Frank Porter Graham Child Development Center. The five phases of the Family Focused Interview are described, examples demonstrated, and an explanation of the interrelationship to P.L. 99-457 and the I.F.S.P. process are shown in the first part of the tape. Part two provides the viewer with concrete skills necessary to conduct the interview. The consumable viewer workbook is used by the viewer to develop skills shown in the tapes. This videotape is a self-instructional program that will develop initial skills in conducting the Family Focused Interview.

2. Spanish translations of SKI*HI materials for parents:

   a. SKI*HI Lesson Summary and Challenging Sheets, (HOPE, Inc.). This notepad contains illustrated summaries of all SKI*HI lessons with entry spaces for challenges. At the conclusion of each lesson, the parent advisor tears off the appropriate lesson summary sheet, parents write the weekly challenges, and post the sheet in the home. After a new summary sheet is given, parents may insert the old one in their Parent Notebook for easy reference.

   b. SKI*HI Language Development Scale, (HOPE, Inc.). A parent observation scale listing the receptive and expressive language skills of children age birth-to-5. Specifically designed for children who are hearing impaired.

3. Procedural Checklist for Adoption Site Development, (SKI*HI). This checklist contains every step in development of a new adoption site. It also contains instructions for carrying out the steps, forms to use at appropriate points, and pages where information and progress are recorded. It is started by the staff person who makes the first awareness contacts, and is handed in turn to the awareness conference presenter, the Institute training coordinator, and finally the trainer/coordinator assigned to the site (see Appendix D).

4. SKI*HI Model Resource Manual, (HOPE, Inc.). A two-volume manual containing a section with updated information for parent advisors, including new information on planning and conducting a home visit. A section on Getting Started is provided to help parent advisors sensitively make the first home visits and provide psycho-emotional support to families.

   A new section entitled Collaborative Information Gathering, Sharing, and Use is an innovative approach to family-centered assessment which is an integral part of home-based programming.

   The Home Hearing Aid Program updates the program adding information on new audiological testing, the latest advances in hearing aids, FM technology,and cochlear implants.

   The Home Communication Program--all topics are updated. New subjects include responding to the child's cry appropriately, encouraging early smiling and laughing, turn taking, and many added activities.

The Auditory Program updates the topics that follow the natural sequence of auditory and speech development adding information including responses of the child at each level. Many new activities and teaching strategies have been added.

The Aural-Oral Language Program updates the tried and true principles from the original Language Program and integrates them into 10 topics on strategies and techniques in listening and conversation for language development.

The Total Communication Language Program explores principles and skills unique to Total Communication with topics on learning Total Communication using manually coded English and baby signing.

Throughout the manual the authors have been sensitive to bilingual-bicultural issues and have included information on deaf culture and American Sign Language. An exciting feature of the new SKI*HI Model is a second volume which contains 234 visuals to be used with each of the SKI*HI programs. These visuals were previously sold separately for $100. Now these visuals are included with the resource manual as well as many of the visuals from the SKI*HI Adaption Manual.

5. Training Video Clips, (HOPE, Inc.; available to certified trainers only). Clips illustrating each of the major programs of SKI*HI were made: Hearing Aid, Communication, Auditory, and Language. Clips were incorporated into the SKI*HI Training Package.

6. Caption version of SKI*HI Training and Awareness Video Tapes (HOPE, Inc.; tapes specifically for training available to certified trainers only). SKI*HI captioned approximately 5 hours of awareness and training video segments. Captioned tapes were needed for certified trainers who have hearing impairments, as well as for awareness and training participants who need captioning. The most informative and widely applicable of the existing tapes were selected for captioning, with the plan that a captioned version will be made of all future videotapes produced by Outreach.

Other products developed in previous years or under the auspices of other grants are listed in Appendix L.

C. Formation of Professional Organization

During the grant period, administrators and supervisors of some of the SKI*HI and INSITE programs began to consider forming an organization that would represent professionals working in early intervention for children with special needs. A governing board was formed

of members from Texas, Tennessee, Utah, Michigan, and South Dakota, and met in Logan, Utah, January 31 - February 1, 1992. This board formulated a first draft of a mission statement, articles of organization/incorporation, and by-laws. Each board member became an officer for the first two-year period: Past President, President, Vice President, Secretary, and Treasurer. In addition, there is a parent representative, a SKI*HI Institute representative, and an executive secretary.

The name of the organization is AAHBEI, American Association of Home-Based Early Interventionists. The governing board has incorporated, has begun the membership campaign and has printed a brochure, stationery, and membership cards. To date, more than 100 individuals have joined the new organization. The organization has arranged to have a regular column in the SKI*HI Institute newsletter.

The purpose statement of AAHBEI is as follows:

Overall Purpose Statement: To promote and enhance quality early home intervention services for families of young children with special needs, with emphasis on sensory impairment.

1. To impact state and local agencies, universities, and colleges in order to promote, enhance, and ensure optimum early intervention for infants and young children, birth through 5 years of age, with special needs.

2. To promote professional support through conferences, turn-key training, networking of resources and organizations, certification, professional standards, awareness of federal and local legislative actions, lobbying procedures, and advocacy for parent advisors, administrators, and other professionals.

3. To support and advocate for parents/caregivers of young children with special needs by providing current information regarding linkage/transition, legislation, funding, and other related issues.

4. To promote early identification of children with special needs through public awareness, informed medical personnel, parent/caregiver education, and advocating for local, state, and national programs supporting early screening and identification.

5. To promote communication between and among home intervention professionals by publishing a newsletter and providing information linkages designed to provide the following types of information:

a) upcoming conferences
b) scholarly articles
c) innovative techniques
d) new products
e) regional happenings
f) questions and answers
g) information by and for parents
h) funding sources

A copy of the organization's brochure is in Appendix M.

X. FUTURE ACTIVITIES

The SKI*HI Institute applied for a new 3-year EEPCD grant for SKI*HI Outreach in 1992. This grant was approved and began on October 1, 1992. During the coming 3-year period, the Project plans to assist agencies in 8 to 12 states in implementing SKI*HI programming. In the process, 240 to 300 professionals will be trained by six SKI*HI national trainers and the families of at least 750 children who would be unserved or underserved will receive SKI*HI services. The other activities of Outreach--dissemination, consultation, trainer's training, locally conducted training, regional conferences, product development, evaluation, and coordination with state agencies will also continue. Additional outreach activities in all of the above areas will continue under the final year of a National Diffusion Network grant.

In product development, the project is currently working on the following materials under the EEPCD and NDN grants:

1. New SKI*HI Overview video tape
2. New training video tapes to reflect the new SKI*HI Manual (will complete in the 1993-94 year)
3. A video for parents on hearing aid management
4. Hearing aid kits for training
5. Spanish translations of sections of parent resource book
6. New training guidelines, overheads, and handouts to reflect the new SKI*HI Manual and the new training format.

During the subsequent two years, the project will be working on the following:

1. A new resource manual on family-centered, home-based programming for infants, toddlers, and preschoolers with disabilities which can be used by all professionals working in this field (a 2- to 3-year project).

2. A set of Topic Summary and Challenge sheets for parents based on the topics in the new SKI*HI Resource Manual.

3. Updates of monographs which supplement and relate to the SKI*HI Manual.

SKI*HI staff has collaborated with the director of the recently-ended REAP research grant to produce a journal article which will be submitted in the near future. REAP (Research on the Effects of Home Intervention on Hearing Impaired Children and their Families) had three objectives: (1) to describe the demographics of children who had received SKI*HI programming from 1979-1991 and to study the relationship of these characteristics with child achievement; (2) to study the effectiveness of identification procedures for hearing loss; and (3) to investigate the impact of various aspects of home-based intervention on the language development of infants and young children with hearing impairments. The results of the study will be used by SKI*HI in future planning and programming.

During the next few years, SKI*HI also will be collaborating with and benefitting from another new project of the SKI*HI Institute, the Deaf Mentor Project, funded by OSEP. This project is investigating the efficacy of a bilingual-bicultural approach to early home intervention in which the child will develop both English and ASL through the introduction of an adult deaf mentor along with the parents and parent advisor.

In the future, SKI*HI will be looking into the possibilities of distance education with its new technologies and teaching strategies. It has become more and more difficult to bring together participants for in-depth training; follow-up training is even more difficult to arrange. Distance education may help ameliorate these difficulties.

XI. ASSURANCE STATEMENT

This final report is being sent in full to Educational Resources Information Center (ERIC). Copies of the title page and abstract are being sent to all addressees specified in the instructions for final report.

APPENDIX A

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APPENDIX B

Sample Newsletter

SKI*HI INSTITUTE

NEWSLETTER

SKI*HI INSTITUTE
Utah State University
809 North 800 East
Logan, UT 84322-1900
(801) 752-4601 Phone/TDD

Spring Issue
Volume XVI
March 1992

SUMMARY OF THREE YEAR NATIONAL STUDY SHOWS POSITIVE EFFECTS OF SKI*HI

by Don Barringer

In 1989 the SKI*HI Institute was awarded a three year grant to study the large data base generated over 12 years of collecting data on infants, toddlers, and preschoolers who were deaf or hard of hearing and their families, and were served by SKI*HI programs nationwide. To those of you who collected the data, obtaining Language Development Scale (LDS) scores on the children, and recording parent progress, then submitting the information to the Institute each year on the SKI*HI data sheets, the SKI*HI staff extends its gratitude to you. Without this large body of data the study would not have been possible. We believe the data to be the most current representation of this population and, viewed in its entirety, the most comprehensive report on infants, toddlers and preschoolers with hearing impairment ever produced.

Dr. Carol Strong, on loan to the Institute from the Communicative Disorders Department at Utah State University, spearheaded this massive project, assisted by Beth Walden and Sue Ann (Dearden) Williams of the Institute staff. Part of the research involved a thorough investigation of the identification procedures used to locate children with hearing loss who were enrolled in SKI*HI replication programs. Don Barringer, Institute Director, headed this part of the investigation and will report results in a future newsletter.

The major goal was to provide research data on the effects of SKI*HI home-based programming on children with hearing impairments and their families. Three primary objectives were specified: (1) to describe the demographic characteristics of children receiving SKI*HI home-based intervention and to study the relationship of these characteristics to child achievement, (2) to study the effectiveness of identification procedures used to detect hearing loss, (3) and to investigate aspects of home based intervention including amount, intensity, time of program start, and their relationship to the language development of infants and young children with hearing impairments.

The demographic section described characteristics of the child with hearing impairment receiving home intervention. The characteristics of specific sub-groups of children with hearing impairment were investigated, i.e., gender, race, presence/absence of other handicapping conditions, type, severity and cause of hearing loss, language used in the home, and presence/absence of parent(s) with hearing loss were also described.

A second general purpose of the investigation was to study the effectiveness of neonatal and infant hearing screening procedures in identifying hearing loss. Effectiveness was defined as that procedure which results

in the earliest mean identification age, program-start age, and hearing-aid-fit age, and the shortest time intervals between suspicion to identification, identification to program start and suspicion to program start.

The program effectiveness section had as its purposes: (1) to determine the effect of treatment variations such as the amount of intervention received, additional services such as other non-parent/infant program services, and program start age on receptive and expressive language gains, and (2) to determine the effectiveness of SKI*HI home-based intervention as evidenced by child gains in several areas.

A large sample size was created for this study because of the willingness of the parent advisors, parents and program administrators and supervisors within the SKI*HI network to submit data. Between July 1979 and June 1991, personnel from 143 different agencies representing 30 states and one Canadian Province had submitted data for 5,178 children. This large sample size enabled researchers to obtain information on several parameters with excellent reliability.

Results

Demographics

The demographic section's primary purpose was to sketch the demographic characteristics of the children and their families. Following are the key components of the findings. The reader is referred to the full text for a complete demographic characteristics analysis.

- Percentage of males slightly greater than females (55% and 45% respectively)
- The ethnic background of the children were: Caucasian 72%, African American 14.4%, Spanish American 9.4%, Native American 2.2% and Asian American .9%.
- Approximately 25% had additional handicap(s)
- Sensorineural hearing loss was 82.1%, mixed was 7.9%, and conductive was 6.7%
- Severity of hearing loss was 23% profound, 45% severe, 19.8% moderate, and 8.7% mild.
- For 46.9% of the children, the cause of hearing loss was unknown.
- For 71.8% of the children, age at onset was birth.

Early Identification

The researchers investigated the effectiveness of the following screening/identification procedures: crib-o-gram, high risk register, behavioral observational audiometry testing, auditory brainstem response testing, otoacoustic emission testing, and immittance/impedance testing. Effectiveness criteria were discussed above. Although the conclusions will be discussed in a later newsletter, some general statements are made here.

- The overall median age at identification was 17 months.
- For children with additional handicapping conditions the median age was 12 months.
- For children whose age at onset of hearing loss was at birth or between birth and one year, the median age was 12 months.
- For children from homes in which American Sign Language (ASL) or Signed English was the primary language, the median identification ages were 8 and 13 months respectively.
- For children with a parent who had a hearing loss, the median age was 12 months.
- Parents and other caregivers, *not a specific screening procedure*, located almost 80% of the children!

Age at program start was investigated and it was determined that the overall median program start age was 25 months, eight months beyond the median identification age. If the child had additional handicapping conditions, the median program start age was 22 months, and if the hearing loss was profound, 21 months. For children from homes in which ASL and Signed English were the primary languages, the median program start ages were 15 and 20.5 months respectively, and if at least one parent with a hearing impairment was in the home, the median program start age was 21 months.

Program Effectiveness

Finally, program effectiveness was viewed in the context of the impact of treatment amount, treatment density, and program start age on child language gains and developmental rates. Overall pre-post developmental gains in receptive and expressive language were statistically significant and educationally important. On average, SKI*HI children who are deaf or hard of hearing made 1 month of language gain for every month of intervention. Wow! These findings demonstrate how effectively SKI*HI programming meets the needs of young children with hearing impairment and their families. The results are very positive. SKI*HI does enhance the families' ability to manage their children's needs related to the hearing loss, communicate meaningfully with their children, and promote their children's development. Infants, toddlers, and preschoolers with hearing impairment make substantial developmental growth when receiving SKI*HI home-based services.

The major accomplishments of SKI*HI programming

reported in this study were: (1) that SKI*HI children showed higher rates of development during intervention than prior to intervention and greater gains in receptive and expressive language development than would be expected due to maturation alone, (2) that SKI*HI children showed increased auditory, communication-language, and vocabulary developmental levels and increased full-time hearing aid use, (3) that SKI*HI parents showed increased ability to manage their child's hearing loss, communicate meaningfully with their child and promote their child's cognitive development, and (4) that SKI*HI children were identified at an early age and began to receive home programming services promptly after identification.

Space does not permit a complete description and reporting of the data in this landmark report. The full copy is available from HOPE, Inc. for $10.00 and includes eight full chapters packed with information valuable to the field of early intervention for youngsters with hearing impairment and 150 tables which describe and summarize the analyzed data. You will want to read this comprehensive report.

AAHBEI NOTES

by Don Thompson, President

Exciting things are happening with our new national organization, The American Association for Home-Based Early Interventionists (AAHBEI). The Governing Board launched an extensive nationwide membership campaign in January and another in March. To date the results have been very rewarding and positive. As we go to print, several states are represented by members who have joined AAHBEI and the treasury is beginning to build. Thanks to those of you who have become Charter Members. You will be hearing from us shortly.

For the nationwide campaign, the Governing Board divided the nation into several regions, working to find key people in each state to help with the membership drive. If you are one of these key people, or would like to be, and have not been contacted, please call us.

There are many opportunities for you to become involved in your association. Please note on your calendar, the first national organization conference will be held in November--time and place to be determined. More information will follow in future newsletters.

This newsletter will eventually become the vehicle through which AAHBEI will communicate with its membership. At this point the association has "AAHBEI NOTES," but looks down the road to the day when the association will produce the newsletter itself.

The purposes of the organization are worthwhile, and so very important in the climate in which early interventionists find themselves today. States are attempting to get organized to provide a continuum of services for birth through five, a difficult challenge indeed. This association will be able to help facilitate linking this consortium of services and be influential as each individual state is in the process of implementing early intervention plans.

The professional and more global benefits of joining the organization include advocacy at a national level for early intervention programs and personnel, representation of home based ideals and philosophies, and a forum through which members have input and impact. In addition, members are finding personal benefits to joining the AAHBEI organization. Some of these include: discounts at SKI*HI and INSITE sponsored conferences and, in the future, at early intervention conferences that AAHBEI itself will sponsor; as well as discounts offered by various educational publishing and video tape production companies and other vendors offering a variety of products and services. The most important benefit, however, is belonging to an organization that represents the interests of early home based interventionists, something that has previously not been available. Indeed, the future of this organization is bright.

For these reasons AAHBEI, the American Association of Home-Based Early Interventionists, invites your membership and encourages you to pass the word to others in the field and become part of this exciting movement. This is a grass roots organization that will become a national force in the field of early home based intervention. You can be part of this exciting movement. For more information on AAHBEI, contact one of the key people listed below or the SKI*HI Institute, 809 N. 800 E., Logan, Utah 84322-1900, phone or TDD (801) 752-4601 or Fax (801) 755-0317.

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SKI*HI and INSITE TRAINING PLANS

SKI*HI and INSITE National Trainers will have a full year of training coming up. Six to eight training sites have been scheduled to receive SKI*HI training, and eight sites will receive training in the INSITE Model. As it is early in the grant year, plans are still being firmed up for locations and dates.

Confirmed **SKI*HI** trainings:

OHIO	May 13-15 / June 17-19
Trainer:	Linda Lasker
LOS ANGELES	June 7-8 / September
Trainer:	Dorothy Johnson
REDDING, CA	September / TBA
Trainer:	Marileigh Mims

Confirmed **INSITE** trainings:

PENNSYLVANIA	February 22-24 / April 26-28
Trainers:	Lynn McFarland and Tracy Duncan
NORTH CAROLINA	February 17-19 / March 25-27
Trainers:	Barbara Terry and Kathy Rivers
SANTA BARBARA	March 10-12 / May 12-14
Trainers:	Mary Franks and Teresa McMahan
NEBRASKA	March 19-21 / July 14-16
Trainers:	Linda Lasker and Lynn Klaber
SAN FRANCISCO	March 22-24 / May 4-6
Trainers:	Phyllis Snow and Susan Williams

THE NEW SKI*HI MANUAL IS READY!!!!!

The SKI*HI Institute is pleased to announce that the new 2-volume SKI*HI Resource Manual is now available.

Throughout the manual the authors have been sensitive to bilingual-bicultural issues. A new **ASL Resources** section contains information for parents who desire to use ASL.

The first section contains updated information for parent advisors including a description of family-centered home-based services with research efficacy data on the SKI*HI Model and a description of young children with hearing impairment. The role of a parent advisor is discussed with information on planning and conducting a home visit.

Getting Started and **Providing Psycho-Emotional Support** will help the parent advisor to sensitively and creatively make the first home visits and provide psycho-emotional support to families.

The **Hearing Aid Program** updates all the hearing aid program topics and adds new information on audiological testing, the latest advances in hearing aids, FM technology, and cochlear implants.

The **Communication Program** adds new topics including responding to the child's cry appropriately, encouraging early smiling and laughing, and turn taking. Many activities have been added.

The **Communication Methodology** section has been expanded and contains information helpful to parents about the Auditory-Oral, Total Communication and Cued Speech methods, American Sign Language (ASL) and Deaf Culture.

New information in the **Auditory Program** includes types of responses the child might make at each level, and how to help parents determine and monitor auditory progress. New activities and teaching strategies have been added.

The **Aural-Oral Language Program** integrates the principles from the original SKI*HI Language Program into 10 topics on strategies and techniques in listening and language development.

The **Total Communication Language Program** includes the same concepts that are in the Aural-Oral Program with additional principles and skills unique to Total Communication. Topics included are learning Total Communication using manually coded English, baby signing, and receptive and expressive components of signing.

A new section entitled **Collaborative Information Gathering, Sharing, and Use: Understanding the Young Child with Hearing Impairments and the Family** contains fundamental concepts including partnershipping; using a variety of measures and information sources; being sensitive to family values, beliefs, and cultural background; using an appropriate information gathering process; teaming to formulate and implement the IFSP, and developing and using appropriate communication skills. This section also contains a model of information gathering and sharing with forms and procedures for use as part of the delivery system for the SKI*HI Model.

The second volume contains 234 visuals, some of which were previously available in flip chart form or contained in the previous SKI*HI Adaptation Manual.

The new 2-volume SKI*HI Manual is available from HOPE, Inc. for $75.

SPOTLIGHT ON CALIFORNIA

California received training on SKI*HI and INSITE during the spring of 1992. The SKI*HI trainings were held in Sacramento and San Diego. The INSITE trainings were held in Orange County and Sacramento. The participants included infant-preschool service providers from the Blind Children's Learning Center in Santa Ana, The Foundation for Junior Blind in Los Angeles, San Diego Unified School District, Saddleback Valley Unified School District, Los Angeles Unified School District, Sacramento County Infant-Home Services, Yolo County Office of Education, Mendocino Infant-Toddler Program, and Sacramento City Unified School District.

INSITE participants reported immediate implementation of the INSITE curriculum with families following the training. The programs participating in the training all serve children in home-based as well as center-based programs. The participants felt that the curriculum worked well for both service delivery models. The staff from these programs previously had background in vision or hearing, yet lacked information on the impact of dual sensory impairments. SKI*HI participants also reported they had begun to use the SKI*HI resources.

The families served by INSITE participants were particularly interested in the curriculum areas of hearing aid management, communication, and social skills. The teachers with a background in vision found the hearing program very useful. Program administrators felt the curriculum was well organized and easy for new staff to assimilate and implement with assistance from previously trained staff.

Several participants, SKI*HI and INSITE, expressed an interest in participating in the trainers workshop which will establish a cadre of trainers within California who would be able to replicate the SKI*HI and INSITE trainings as a part of the National Diffusion Network. These workshops would continue to be organized by SKI*HI Institute with the California trainers hired as consultants by the host agency.

Due to success of the trainings last year, infant-preschool providers requested additional trainings this year. California will offer SKI*HI trainings in Los Angeles in June and September and Redding in the fall. INSITE trainings will be offered in Santa Barbara and San Francisco in March and May.

SPOTLIGHT ON NEBRASKA

In 1992, four states received SKI*HI training in a new training format: two 1½-day workshops with home study assignments in between. These states--Nebraska, Vermont, Nevada, and California--were pioneers of this new approach. Their responses to and evaluations of the training helped the Institute refine, pare down, and further enrich the process which will be used again this year. Recently SKI*HI Institute called one of these states, Nebraska, to find how SKI*HI is being used now that a number of months have passed since training ended. The participants in Nebraska are fairly representative of all who were trained in 1992. Some came from schools for the deaf or other programs specifically for children with hearing impairments, and many came from a variety of early intervention and preschool programs that were not directed to a particular disability. We received support from Dr. Elizabeth Alfred, the NDN State Facilitator for Nebraska, which was very helpful and appreciated.

Talking with Carol McClain at the Nebraska State Department of Education and some of the individuals who were trained, we found SKI*HI resources, information and materials, and the techniques learned in training being used by the SKI*HI participants in conjunction with other resources to meet particular needs as they arise in both center-based and home-based settings. One school district program is using SKI*HI in the home with a young hearing impaired girl and her hearing parents. A 2-year-old deaf boy, whose parents are also deaf, will be entering this same program in the near future. In addition, this program is using SKI*HI information in the classroom, particularly information on hearing aid use and auditory development. Another program used information from the SKI*HI Language Program for a presentation to parents at a summer parent workshop.

Carol feels SKI*HI has had a positive impact in Nebraska, increasing teacher awareness of hearing loss, its impact on children, and the services which are possible for children. Nebraska has had a birth-to-21 mandate for special education since 1978, but as elsewhere, services for low-incidence disabilities such as hearing impairments have developed more slowly or on an as-needed basis. She feels that as services to children with hearing impairment have improved, the state has been able to refine and expand services. As last year's SKI*HI training participants gain experience, Carol would like to select one or two to be trained as local trainers. She is now considering training for western or central Nebraska.

BEST COPY AVAILABLE

ARE YOU A SKI*HI AND/OR INSITE MODEL VETERAN??

If you were trained in the SKI*HI or INSITE Models before 1989, contact ***Donna Park***, **OUTREACH** Disseminator and ask her to put you on the list for future recertification training. There are so many innovations in the fields the models serve, some happening as you read, that we feel it is important to arrange the opportunity for those previously trained in the models to update their skills and techniques relating to the current training. A formal recertification program has not yet been developed, but it will be important to have possible participants listed in order to better plan the scope of service desired. Make a note on the bottom of the attached return card in the space provided, or contact ***Donna*** at SKI*HI. If you returned the card from the Fall Newsletter, you're already on the list!

SKI*HI PERSONNEL NEWS

SKI*HI Institute is pleased to welcome three new staff members: ***Barbara Glover, Corey Lee, and Scott Simmons.***

Barbara, a Logan native, comes to us having worked with the Community Family Partnership at Utah State University as a family consultant and CFP Preschool Director. She has taken the position of **NDN Coordinator,** for the INSITE and SKI*HI Programs. *Barbara* and her husband, Terry (a professor at USU) are the parents of four girls, one of whom is serving a mission for the Church of Jesus Christ of Latter Day Saints in Finland. They enjoy playing with their two grandchildren, and going to plays and concerts.

Corey graduated from USU in 1992 with a major in Business Information Systems and a minor in Family and Human Development. She is the mother of two teenage girls and is also a newlywed so she finds life exciting. *Corey*, who has taken a position as **Secretary** here at the Institute, enjoys snow and water skiing, horseback riding and drawing.

Scott has replaced Nate Tolman as the **Business Manager** at the Institute. He is presently a Senior at USU, majoring in accounting and plans to work towards his MAcc degree, then get his CPA license and work in public accounting. *Scott* is married, involved in several professional organizations and clubs on campus, and enjoys camping and most sports, especially golf. He's very good at keeping the money flowing wisely and well at the Institute.

...And says *Goodbye* to:

Denise Wooten, Secretary, who moved with her husband to Idaho when he graduated from USU. They have since been blessed with a little baby girl, Kayla.

Deloris Argyle, actually an employee of HOPE, Inc., but an adopted member of the SKI*HI staff, and an invaluable help with shipping needs. Deloris moved to Arizona with her husband when he graduated from USU and took SKI*HI's mascot, their son, Riley, with them. (Don't know which we miss the most, Riley's smile, or the pattern his walker wheels made on the Institute carpet.)

Nate Tolman, SKI*HI's Business Manager who graduated from USU and moved with his wife and son to Salt Lake City where he has taken a position with a prestigious accounting firm.

SKI*HI INSTITUTE STAFF

Linda Alsop	**Intervener** and **TRISH** Coordinator
Don Barringer	Director
Elaine Brandenburg	Secretary/Receptionist
Thomas Clark	Director, **AHEAD**
	Project Evaluator
Barbara Glover	**NDN** Coordinator
Elaine Hawkes	Data Entry
Pat Jones	Secretary
Dorothy Johnson	**OUTREACH** Coordinator
Corey Lee	Secretary
Roselee McNamara	Training Coordinator, **AHEAD, VIISA**
Kevon Miller	Technical Assistance Coordinator **Deaf-Blind Service Provision**
Elizabeth Morgan	Director, **VIISA;** Consultant, **INSITE**
Donna Park	**OUTREACH** Disseminator Newsletter Editor
Mary Ann Parlin	Institute Editor
Teresa Passey	Office Manager
Paula Pittman	Coordinator, **Deaf Mentor**
Lori Rowan	Coordinator, **AHEAD**
Scott Simmons	Business Manager
Beth Walden	Data Manager
Susan Watkins	Director, Research & Development

Fold and Staple

Donna Park, Outreach Disseminator
SKI*HI INSTITUTE
Department of Communicative Disorders
Utah State University
Logan, Utah 84322-1900

DON'T FORGET TO CONTACT SKI*HI IF...

* You have scheduled or completed local trainings
OR if you want to schedule **Outreach** training

* You have moved or changed jobs

* You want to attend SKI*HI or INSITE Basic Training

* You have data to report

* You want more information on AAHBEI

Clip and Return

SKI*HI INSTITUTE ADDRESS CARD

Name _____

Address
Home _____

_____

_____

Phone ( ) _____ **FAX** _____

Address
Work _____

_____

_____

Phone ( ) _____ **FAX** _____

Are you trained in:

SKI*HI ___

INSITE ___

trained ___

Present Professional Occupation/Title _____

Do you wish to continue receive the SKI*HI Institute Newsletter Yes _____ **No** _____

Comments: _____

_____

Clip and Return

SKI*HI INSTITUTE
Department of Communicative Disorders
Utah State University
Logan, Utah 84322-1900

ADDRESS CORRECTION REQUESTED

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APPENDIX C

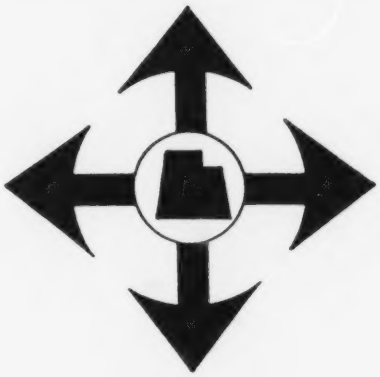
Products Developed: Title Pages

1. Family Focused Interview
2. Lesson Summary and Challenge Sheets in Spanish
3. SKI*HI Language Development Scale Test Form in Spanish

THE FAMILY-FOCUSED INTERVIEW

The following pages are reprints from the book Family Assessment in Early Intervention (1988), Edited by Donald B. Baily and Rune J. Simeonsson. The Merrill Publishing Company has given permission to reprint these pages. The pages are part of Chapters 9 and 10, written by Dr. Pamela J. Winton of the Frank Porter Graham Child Development Center at Chapel Hill, North Carolina.

*The reader is asked to read these pages prior to viewing the Videotapes One and Two on the Family-Focused Interview, developed at SKI*HI Institute. Much of the information presented in the video is disscussed in these pages.*



Formulario de Examinación

Escala de Desarrollo del Lenguaje del Programa SKI*HI

Evaluación de la Capacidad del Lenguaje
Para Niños con Impedimentos del Sentido del Oído
Desde la Infancia Hasta los Cinco Años de Edad

Susan Watkins
SKI*HI Outreach
Utah State University
Logan, Utah

Traducido al español por la
Escuela Nueva Mexicana de Sordos
by Maru Hartman and Patricia Yntema

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SKI*HI

VISITAS HOGAREÑAS
Resúmenes y Pruebas de las Lecciones

Traducido al Español por la
Escuela Nueva Mexicana de Sordos

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SKI*HI INSTITUTE
Sensory Impaired
Home Intervention

APPENDIX D

Adoption Process Checklist

SKI*HI INSTITUTE

ADOPTION PROCESS

FOR:

_____

(Name of State)

_____	_____
(State Lead Agency)	(State Lead Agency)
_____	_____
(Address)	(Address)
_____	_____
_____	_____
_____	_____
(Telephone)	(Telephone)

Names of Local Agencies:

_____	_____
_____	_____
_____	_____

Record of the complete adoption from initial contact to completion of the Adoption Process.

SKI*HI INSTITUTE
ADOPTION PROCESS CHECKLIST

Name(s) of Agency(ies) _____

_____

_____

Contact Person(s) _____

_____

Trainer/Coordinator _____

Fiscal Year _____

Recommended/or actual Date of Completion		*SKI*HI Office and Awareness Person complete items 1-21 and give to Training Coordinator with all current information and correspondence.*
_____	1.	Initial interest shown by Agency.
_____	2.	Contact made by SKI*HI Institute.
_____	3.	State lead agency(ies) contacted.
_____	4.	Awareness material sent.
_____	5.	Site shows interest in adoption.
_____	6.	Awareness meeting requested.
_____	7.	Needs Assessment for Awareness Conference sent.
_____	8.	Needs Assessment returned.
_____	9.	Institute determine if Awareness Conference should be held.
_____	10.	Date for conference set.
_____	11.	All Awareness Conference preparations made.
_____	12.	Awareness plans and preparations coordinated with state lead agency(ies)
_____	13.	Invite NDN State Facilitator to conference. Ask how they would like to help with adoption in their state.
_____	14.	Awareness conference completed, or other recommended approach. Go back over needs assessment on site with lead agency. Leave with each participant the guide for letter of request, agency profile and sample adoption agreement, with instructions to return these to SKI*HI Office within two weeks.
_____	15.	Awareness person reports on awareness conference to Training Coordinator. They discuss potential of the site. Give report on the conference to Training Coordinator. Discuss financial matters. (Do within a week.)
_____	16.	Letters of request and agency profiles received.

_____ 17. Awareness Person and Training Coordinator look over profiles and discuss with staff as needed if agency(ies) is a go for adoption. Call agencies and state lead agencies as needed to clarify, deal with concerns, etc.

_____ 18. If a go, Awareness Person does the following steps to help prepare site She/he should communicate on a regular basis with the Training Coordinator:

_____ a. Work up and mail adoption agreements to each agency. As appropriate, state in letter number of complimentary sets of materials that will be sent to them as soon as their agreements are received at SKI*HI.

_____ b. Have personal contact with administrators, providing guidelines for program development and personnel to implement the program and to receive the training.

_____ c. Personnel are fully informed as to their role and training expectations.

_____ d. Assist lead agency in developing an administrative implementation plan.

_____ e. Assist state and local agencies in cooperative plan.

_____ f. Final negotiation for adoption training (i.e., financial commitments, etc.).

_____ g. Begin to explore potential dates for training.

_____ 19. Once all the adoption agreements and agency profiles are received by the Awareness Person in the SKI*HI Institute Office, the agreements are signed, copies kept, and originals sent to the State Facilitator for that state with instructions to sign and mail them back to us. These materials are shared with the Training Coordinator.

_____ 20. Awareness Person turns site over to the Training Coordinator and provides her with the following:

_____ a. Copies of the adoption agreements and agency profiles.

_____ b. The notebook on that site with all correspondence up to this point.

_____ c. Final Negotiation for Adoption Training.

_____ d. All other pertinent information needed for working with that site.

_____ 21. Inform contact person and lead agency that the Training Coordinator will now be communicating and working with them.

SKI*HI Training Coordinator completes Items 22-26

ASAP___ 22. Training Coordinator prepares agency(ies) for implementation by (see detailed checklist in Operational Manual):

_____ a. Ensuring agency(ies) understands model and knows what is expected of an adopting agency.

_____ b. Ensuring agency(ies) transmits expectations to workshop participants and other staff.

_____ c. Determining whether Parent Advisors will be selected from in-place personnel or whether assistance for selection is needed.

_____ d. Offering suggestions for selecting Parent Advisors, if appropriate.

_____ e. Determining necessary materials and financial responsibilities.

_____ f. Requesting names, addresses and phone numbers of workshop participants.

_____ g. Over-viewing of data keeping process; decision to implement to be made by agency at exit conference.

_____ h. Assigning data code prefix for each adopting agency.

_____ i. Jointly determining how training costs will be shared between Outreach and the State/local agencies.

_____ j. Assigning site trainer/coordinator and relaying information to agency.

_____ k. Finalize workshop dates with site and the trainers.

_____ l. Writing follow-up letter to agency(ies) confirming the above and stating SKI*HI plans.

_____ m. Completing Year One Training and Assistance Plans form and Materials for Adoption Site Order.

_____ n. Having disseminator mail complimentary materials to each agency as appropriate with ordering information from HOPE on additional PA sets that will be needed.

_____ o. Discuss with trainers potential changes to the basic training agenda which might be needed.

_____ p. Maintain communication with state lead agency(ies).

_____ q. Keep in touch with State Facilitator. See if they will help with cost of trainers' travel. Let them know where and when training will be held. Invite.

_____ 23. Turn over the record of adoption process for the agency to the lead trainer (site coordinator) along with all other pertinent information.

_____ 24. Send letter to both trainers summarizing information on the site along with their trainer agreement contracts to be mailed back to SKI*HI. Include any forms they will need (i.e., travel, invoices).

_____ 25. Have disseminator mail Preworkshop Packet to lead trainer. This includes:

(see next page)

_____ a. Participant packet to look over and make any personalized changes to (i.e., date and location of workshop on flyer, her home address in the letter so they know where to mail profiles).

_____ b. Pre/post conference descriptions - one for each site.

_____ c. Training Package Order Form - one for each workshop.

_____ d. Checklist for Facility, Equipment and Arrangements (2).

_____ 26. Mail copy of adoption agreement to each agency when they are received back from the State Facilitator.

Lead Trainer (Site Coordinator) completes items 27-55

_____ 27. Make first call to site(s) for training pre-planning (see appendix).

_____ 28. Prepare the Parent Advisor packet (i.e., changes to basic agenda if you know those, ways you wish to personalize, etc.). When done, call the SKI*HI disseminator and tell them these changes to make on the packet and mail to the site to be copied and mailed to all participants.

_____ 29. Request from site the names/addresses of participants attending workshop.

Soon after phone call (six to eight weeks before the workshop):

_____ 30. Send following to contact person or the lead agency with letter re-stating phone conversation:

_____ a. Facility and equipment checklist (with personal notes as needed on it).

_____ b. Reminder to get purchase order(s) in to HOPE for additional PA sets as needed. Stress that participants need those manuals at least two weeks prior to training.

_____ c. Pre-post training conference outlines.

_____ 31. Have disseminator mail contact person at lead agency the master set of handouts to start copying (one for each participant).

_____ 32. Talk with individual adoption agencies as needed by phone to obtain information needed to get a better feel for their individual program.

_____ 33. Call State Facilitator and invite him/her to the workshop. Let him know where and when it will be.

ASAP - at least one month before training:

_____ 34. When participant profiles are received back, look them over carefully. Discuss with assistant trainer and Training Coordinator. Determine if adjustments to the agenda should be made, how, etc. Plan those, discuss with lead agency as needed, send new

agenda to participants.

_____ 35. Complete Training Package Order and send to SKI*HI disseminator (see Operational Manual).

ASAP___ 36. Arrange travel and lodging:

_____ a. Process Travel Authorization (TA).

_____ b. Notify site of travel plans.

_____ c. Notify SKI*HI of travel plans, lodging and phone numbers.

_____ 37. Check with HOPE and agencies to see if additional manuals for Parent Advisors have been ordered and received. If not, urge them to get it done.

After sending in order forms:

_____ 38. Verify with SKI*HI disseminator the date training package will be prepared and shipped in time for workshop.

Reasonable time after shipping date:

_____ 39. Verify with site that training package has been received.

_____ 40. Receive participant profiles before workshop (SKI*HI does not need copies).

_____ 41. Complete preparation for trip:

_____ a. All previous items checked.

_____ b. Preparation for pre-training conference; agenda set up.

_____ c. Preparation for Workshop presentations.

_____ d. Final check of all needed materials and files.

_____ e. Carry on plane: Training manual, transparencies and any critical media items you may have requested ahead of time. This way, if checked luggage gets lost, you can still get the workshop started the next morning.

Day prior to Workshop #1:

_____ 42. Conduct Pre-training Conference (see guidelines in Appendix).

_____ 43. Conduct Workshop #1.

Within two weeks of workshop:

_____ 44. Send Workshop #1 Report to SKI*HI Office (see Trainers Report Form for items to be included in report). Trainer may use her own format.

_____ 45. If State Facilitator would like, ask SKI*HI Office to send them a list of participants and a summary of the workshop evaluations.

One month before Workshop #2:

_____ 46. Complete Training Package Order and send to SKI*HI disseminator.

_____ 47. Complete plans for Workshop #2:

_____ a. Complete travel plans and TA.

_____ b. Verify with disseminator shipping of training package.

_____ c. Contact site to finalize details: Media, facility, lodging, transportation, exit conference, evaluation discussion and decision, etc.

_____ d. Notify SKI*HI of travel plans and lodging phone numbers; prepare for workshop, exit conference and site implementation assistance.

_____ e. Complete pre-workshop correspondence with participants.

_____ f. Communicate with state lead agency(ies) and facilitator!

_____ 48. Conduct Workshop #2.

_____ 49. Conduct one hour exit conference for each agency (see Appendix). NOTE: Please request the following additional information needed for NDN Data Report:

a. Number of identified children to be served currently by each agency.
b. Name of school district in which each child lives.
c. Copy of the SKI*HI sign up sheet with names, position, address, and phone.

Within two weeks:

_____ 50. Send Workshop #2 Report to SKI*HI Office.

_____ 51. Send USU credit registration forms and checks to SKI*HI Office.

ASAP___ 52. Summarize/report exit conference; send copy to Training Coordinator.

_____ 53. Ask SKI*HI to send State Facilitator (SF) attendance list and summary of workshop evaluations if requested by SF.

Three to six months after training ends

_____ 54. IMPLEMENTATION OF MONITORING PROCESS FOR YEAR ONE SITE:

_____ a. Send form letter to administrator announcing monitoring phone call. Insert proposed date and time of call. Enclose: (1) Administrator/Supervisor Checklist; (2) Parent Advisor Checklist.

_____ b. Contact state lead agencies to see if they want to be part of the monitoring process.

Two weeks after mailing letter:

_____ c. Telephone the administrator (or supervisor if designated). Discuss the items on the Administrator/Supervisor Checklis Fill in your copy. Obtain names, addresses, phone numbers of one to three parent advisors to contact for monitoring.

Immediately after phone call:

_____ d. Send form letter to the selected Parent Advisors announcing monitoring phone call. Insert proposed date and time of call. Enclose Parent Advisor Checklist.

Two weeks after mailing letter:

_____ e. Telephone each Parent Advisor and discuss the items on the checklist. Fill in your copy.

ASAP after phone call:

_____ f. Review all completed checklists and, at the end of each form, write recommendations you may have.

Summarize Parent Advisor Checklist results. If more than one, summarize into narrative form. Mail:

_____(1) Copy of all checklists to office.
_____(2) Copy of Administrator/Supervisor Checklist to administrator and supervisor.
_____(3) Summary of Parent Advisor Checklist results to each Parent Advisor surveyed and to administrator/supervisor.

Twelve to 15 months after training ends (during year two of adoption):

_____ 55. SECOND IMPLEMENTATION OF MONITORING FOR YEAR TWO SITE
Follow steps a-f given under item #54 above.

Training Coordinator Completes Items 56-61

_____ 56. Send Form C Report to the NDN State Facilitator for data purposes.

_____ 57. Process fee payment and travel reimbursement for trainers after both workshops.

_____ 58. Have workshop evaluations summarized.

_____ 59. Review trainer's reports and evaluation summaries and consider changes or next steps needed.

_____ 60. Help disseminator with returned trainer materials.

_____ 61. Review and interpret monitoring results.

APPENDIX E

SKI*HI Resource Manual, 1993 Edition

The SKI*HI Model

A Resource Manual for Family-Centered, Home-Based Programming for Infants, Toddlers, and Preschool-Aged Children with Hearing Impairment

Susan Watkins, Ed.D.
Thomas C. Clark, Ph.D.

HOPE, Inc.
809 North 800 East
Logan, UT 84321

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APPENDIX F

Revalidation Approval by Program Effectiveness Panel

PROGRAM
EFFECTIVENESS
PANEL

February 27, 1991

Thomas C. Clark, Ph.D.
SKI-HI Institute
Utah State University
Department of Communicative Disorders
Logan, Utah 84322-1900

Dear Dr. Clark:

Congratulations on the approval of your program, SKI*HI, by the Program Effectiveness Panel (PEP). Your PEP approval became effective on February 19, 1991. The PEP project number for SKI*HI is 78-192R2. Approval by the PEP means that you have provided convincing evidence of the effectiveness of your program and are eligible to apply for dissemination funds from the National Diffusion Network (NDN). The attached summary of panel comments is provided for your information.

For additional information about the National Diffusion Network, you may call Linda Jones at (202)219-2153. Again, congratulations.

Sincerely,

Tom Schultz FNR

Tom Schultz, Chair
Program Effectiveness Panel

TS/alw

Enclosure

cc: Linda Jones, Project Officer, Program Effectiveness Panel
Charles Stalford, Staff, Program Effectiveness Panel

APPENDIX G

SKI*HI National Data Report for 1990-91

SKI*HI 1990-1991 NATIONAL DATA REPORT

SKI*HI Institute
Department of Communicative Disorders
Utah State University
Logan, Utah 84322-1900

February, 1992

SITES THAT SUBMITTED 1990-1991 SKI*HI DATA

Prefix	Agency Name
AKV	Arkansas School for the Deaf
AKX	Arkansas Preschool Network
GAA	Atlanta Area School for Deaf
INA	Indiana School for Deaf
MCF	Michigan School for Deaf
MCJ	Midland ISD
MCP	Kalamazoo Public Schools
MCS	Saginaw Public Schools
MCT	Trenton Program for Hearing Impaired
MCU	Port Huron Area Schools
MCV	Charlevoix-Emmett ISD
MNW	916 EARS
MOX	Missouri School for Deaf
MSS	Mississippi School for Deaf
NMX	New Mexico School for Deaf Preschool
NYN	POCES Program for HI
OHF	Fulton County Schools
OKX	Project ECHO - OK State Department of Education
OKY	Project ECHO - OK State Department of Education
PEB	Tuscarora Intermediate Unit 11
PEN	Western PA School for the Deaf
TAA	Austin RDSPD
TAC	Dallas RDSPD
TAG	Nueces Co. MHMR Comm. Ctr.
TAL	Lufkin RDSPD
TBB	Bryan ISD
TBF	Brazoria - Ft. Bend Deaf Coop.
TBM	Mesquite RDSD
TBS	Education Service Center - Region 15
TDD	Denton RDSPD
TDK	West-Ten Deaf Coop.
THE	East Harris Co. Coop. for Deaf Education
THN	NW Harris County Co-op
THZ	North Harris Co. Coop. RDSPD
TNM	Memphis Oral School for Deaf
TNX	Tennessee School for Deaf
TOM	Ector County ISD/VH
TSA	Northeast Independent School District
TSB	Birdville Regional Deaf Education
TWF	Wichita Falls ISD
TXA	San Antonio RDSPD
TXB	Balcones RDSPD
TXC	Corsicana RDSPD
TXF	Ft. Worth Reg. School for Deaf
TXG	Greenville RDSPD
TXH	Houston Independent School District
TXI	Clark Elementary
TXK	Killeen RDSPD
TXL	Longview RDSPD
TXM	McAllen RDSPD
TXP	Plano Reg. Day School for the Deaf
TXT	Tyler RDSPD
TXU	Lubbock RDSPD
TXV	Victoria RDSPD
TXW	Waco RDSPD
TXX	Golden Triangle Coop. RDSPD
TXY	Crowley RDSPD
TXZ	Education Service Center
UTX	Utah School for the Deaf
VAA	Virginia School for the Deaf and Blind
WVA	West Virginia School for Deaf/Blind

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ACKNOWLEDGMENTS

Many people contributed to this annual SKI*HI data report and we wish to thank them. First of all, our sincere appreciation to Tom Clark, Director of the SKI*HI Institute, and other Institute staff members for their whole-hearted support. Next, our sincere thanks to the SKI*HI trainers for training new site personnel in data collection. Finally, and perhaps most importantly, we extend our most sincere appreciation to the children, parents, parent advisors, and administrators who participated in SKI*HI programming and data reporting.

INTRODUCTION

The SKI*HI Program provides identification, hearing aid management, communication, auditory, and language facilitation through home management for children with hearing impairments, from birth to age five, and their families. This report contains data on hearing impaired children receiving SKI*HI parent-infant programming services. Demographic characteristics, hearing loss, and recent measurements of language development of the children with hearing impairment in the program are reported.

The data in this report were submitted to the SKI*HI Institute by the SKI*HI replication agencies which serve the children. This report includes demographic data on 1025 children and representative language development data on 647 children served by 61 different sites in 16 states. Statistical analyses of language development of children are based on the children who have test data collected in 1990 and 1991. This number is less than the total registered in the demographic section for several reasons. First, some children who joined the program quite recently have not been tested more than once. Second, some children were not tested in 1990 or 1991 even though they are still in the program. Third, not all sites participating in the program submit their data to the SKI*HI Institute.

1.0 DEMOGRAPHIC INFORMATION

The demographic data contains information on the following items:

1. Sex, other handicaps, race, and language spoken in the home
2. Type and cause of hearing loss
3. Audiological results
4. Age of identification and hearing aid fitting
5. Communication method, home visit frequency, and other services

Table 1 (on pages 5 to 7) summarizes the demographic information of SKI*HI children for the 1990-1991 year. The following is a discussion of that information.

1.1 SEX, OTHER HANDICAPS, RACE, AND LANGUAGE SPOKEN IN HOME

Table 1 shows that slightly more than half of all SKI*HI children are male. About one quarter (27%) of all SKI*HI children have handicaps in addition to their hearing impairment. Sixty-nine percent (69%) of all SKI*HI children are white, another 14% are Black, 4% Native Americans, and 12% Spanish American. The remaining 2% include Oriental Americans and other ethnic origins. The primary language spoken in the homes of SKI*HI children is English (89%).

1.2 TYPE AND CAUSE OF HEARING LOSS

Table 1 reveals that the most common type of hearing loss is sensorineural. Seventy-eight percent (78%) of all SKI*HI children have this type of loss. The percentage of "not determined" is less than 1%, mixed is 8%, and conductive is 14%.

The causes of hearing loss are diversified. Unknown (43%), middle ear problems (11%), hereditary (10%) and meningitis (10%) represent the majority of causes. These causes are followed by birth defects (5%).

1.3 AUDIOLOGICAL RESULTS

In Table 1, audiological results are reported for the child's best ear. Eligibility for program services depends on the need for amplification, not on a minimum decibel loss. The overall mean hearing loss for this year's children is 69.2 dB without amplification. With amplification, it is 47.3 dB.

1.4 AGE OF IDENTIFICATION AND HEARING AID FITTING

Table 1 shows that the average SKI*HI child is identified at 15.0 months. Many of the children (42%) are identified before they are 12 months old.

Table 1 also shows that the average SKI*HI child has amplification fitted at 21.9 months of age. Most of the children (65%) have their hearing aids fitted by 24 months of age.

There is an average 5.3 months of time between parental suspicion of the loss and identification.

1.5 COMMUNICATION METHOD, HOME VISIT FREQUENCY, AND OTHER SERVICES

When children and families first enter the program, the communication methodology is diagnostic and prescriptive. Twenty-three percent of SKI*HI children are currently in this diagnostic phase. Subsequently, most children begin an aural-oral or total communication system. Total communication is currently used by 46% of SKI*HI children and an aural-oral approach is used by 30% of the children. Most of the children (86%) are visited once a week by SKI*HI home visitors. Educational support (37%) remains the most common additional service provided for the children.

2.0 SUMMARY OF DEMOGRAPHIC CHARACTERISTICS: DESCRIPTION OF THE TYPICAL CHILD

Based on the data in Table 1, the typical child served by the SKI*HI program during this year is a male with a hearing loss of 69.2 dB who lives with his English-speaking family. His sensorineural impairment from unknown causes was identified when he was about 15 months old. Parents or medical personnel suspected his hearing impairment when he was about 13 months old. About two months elapsed before his handicap was confirmed. At 20 months, he had his hearing aid fitted and when he wears it, his hearing loss is about 47.3 dB. There is a 27% chance that he has another handicapping condition. The SKI*HI parent advisor visits his home once a week. If he receives any other special service, it is likely to be an educational one. Let's call him Kevin. Kevin is the typical child in the SKI*HI population for the year 1990-1991.

Table 1
BASIC DEMOGRAPHICS OF SKI*HI CHILDREN
ALL 1990-91

Demographic Characteristics	Valid Cases	Frequency	Percentage
Sex:	1002		
Male		560	56
Female		442	44
With Other Handicaps:	999		
Yes		269	27
No		730	73
Race:	996		
Caucasian		683	69
Black		139	14
Spanish		118	12
Native American		41	4
Oriental		8	1
Other		7	1
Primary Language:	996		
English		890	89
Spanish		40	4
American Sign Language		32	3
Signed English System		8	<1
ASL & Signed English		1	<1
Other		25	2
Type of Hearing Loss:	970		
Sensorineural		753	78
Mixed		79	8
Conductive		137	14
Not determined		1	<1
Cause of Hearing Loss:	996		
Unknown		428	43
Hereditary: congenital, child syndromes		100	10
Rubella, CMV, infection		34	3
Meningitis		102	10
Defects at birth		52	5
Fever or Infection		10	1
RH incompatibility		1	<1
Drugs during pregnancy		3	<1
Conditions during pregnancy		40	4
Middle ear problems		106	11
Drugs administered		19	2
Birth trauma		22	2
Child syndrome		33	3
Other		13	1
Not reported		33	3

Table 1 (continued)

BASIC DEMOGRAPHICS OF SKI*HI CHILDREN

ALL 1990-91

	Valid Cases	Mean (dB)	S.D. (dB)	Min. (dB)	Max. (dB)
Hearing Loss Unaided:	904	69.2	28.2	6	120
Hearing Loss Aided:	556	47.3	22.7	5	120

	Valid Cases	Percentage	Median	S.D.
Age Identified:				
Median ID age for all SKI*HI children	965		15.0	13.35
Number identified by age:				
Birth-12 mos.		42		
13-24 mos.		32		
25-36 mos.		17		
37 mos. and above		10		
Age Fitted With Amplification:				
Average age fitted for all SKI*HI children	749		20.0	13.3
Number fitted by age:				
Birth-12 mos.		25		
13-24 mos.		40		
25-36 mos.		21		
37 mos. and above		14		
Time between suspicion and identification	925		2.0	7.7

Table 1 (continued)

BASIC DEMOGRAPHICS OF SKI*HI CHILDREN

ALL 1990-1991

	Valid Cases	Frequency	Percentage
Communication Method:	944		
Diagnostic-prescriptive		216	23
Aural-oral		284	30
Total communication		433	46
Other methods		11	1
Home Visit:	987		
Once a week		851	86
Every other week		78	8
Other		28	3
Monthly		17	2
Bimonthly		-	-
Irregular		13	1
Other Services:	470		
Educational		174	37
Health		28	6
Social		6	1
Mental retardation		4	<1
Other		152	32
Speech and Hearing		55	12
Education and Speech		51	11

Note: Percentages may not add up to 100% due to rounding error.

3.0 LANGUAGE DATA

This section discusses projecting the language age of a child, and contains a description of the Language Development Scale (LDS), the measurement of language development as done in SKI*HI programs, a discussion of proportional change indexes used in the language development evaluation, and a discussion of overall test results.

3.1 PROJECTING THE LANGUAGE AGE OF A CHILD

Before looking at the 1990-1991 language data on SKI*HI children, it is useful to discuss some considerations about how to study this data. Sheehan (1979) describes the problems of measuring progress of very young handicapped children. If one assumes that over a short period of time between two test measurements a child's language grows at a constant rate, one can use the initial testing of the child to predict the child's performance in the future. If a child, Kevin, has a receptive language age of five months when 12 months old, what language age can we expect when he is six months older or 12 months older?

Two simple approaches have been suggested. The first is an additive model based on a study by the National Demographic Survey of the Deaf (Gentile, 1978). This study found that on the average, a deaf child's progress in language development is one month per year. Kevin, with a language development age of five months when one year old, would be expected to have a language age of six months when he reaches two years. A second model, a multiplicative one, can also be used. We can estimate that our one year old boy, when twice as old (that is, when two) would have twice as high a language age as when he was one. Kevin's language age would increase from five months to ten months. This is another way of saying that the ratio of the child's language age to chronological age will stay the same. The goal of the SKI*HI Program is to have a child attain a higher level of language than predicted by either of these two approaches.

3.2 DESCRIPTION OF THE LANGUAGE DEVELOPMENT SCALE (LDS)

Analysis of change in child language in SKI*HI focuses on scores of the Language Development Scale (LDS) which Tonnelson (1980) determined to be both reliable and valid. The LDS test is administered by parents or caretakers who note the occurrence of many indicators of language understanding and language expression by the hearing impaired child during the period of a week. Parent advisors calculate the receptive and expressive language ages of the child.

3.3 MEASUREMENT OF LANGUAGE DEVELOPMENT

Change in language development is a major aim of the SKI*HI Program. Receptive and expressive language are measured when a child first enters the program and at regular intervals thereafter. This section presents data from the initial, the Fall 1990, and the Spring 1991 testing of the same children. Based on these three tests, two pre/post comparisons are made:

1. Spring 1991 LDS test scores compared with the first test ever given to the same children.
2. Spring 1991 scores against Fall 1990 scores of the same children.

The first compares the most recent data with the data of the initial LDS test administered near the start of participation in the SKI*HI program. The second comparison shows progress during the most recent school year period. Since these comparisons reduce the number of valid pairs, they should be regarded as representative samples of the total child population in the project.

In addition to the comparisons of the receptive and expressive language scores on the LDS, scores can be adjusted by the age of the child when the test was administered. The adjusted scores, which are the child's tested language age divided by the child's chronological age (in months) when tested, are Language Development Quotients for the child's receptive and expressive ability at different times.

The two pre/post analyses can be made for both LDS scores and Language Development Quotients. Table 2 (on the next page) summarizes the pre/post comparisons for children with comparable data in the data bank.

Table 2

PRE/POST TEST COMPARISONS OF LDS SCORES
AND LANGUAGE DEVELOPMENT QUOTIENTS

ALL **RECEPTIVE ABILITY**

Pre/Post Test	Valid Pairs	Mean	S.D.	T-Value*
LDS Scores in Months				
First Testing	647	13.7	10.4	31.91*
Spring, 1991	647	25.5	13.6	
Fall, 1990	575	17.4	11.7	30.8*
Spring, 1991	575	25.0	13.4	
Development Quotients				
First Testing	646	.62	.32	9.4*
Spring, 1991	646	.72	.27	
Fall, 1990	574	.65	.31	7.2*
Spring, 1991	574	.71	.27	

EXPRESSIVE ABILITY

Pre/Post Test	Valid Pairs	Mean	S.D.	T-Value*
LDS Scores in Months				
First Testing	647	12.5	10.0	30.18*
Spring, 1991	647	23.3	13.0	
Fall, 1990	577	16.0	11.2	27.8*
Spring, 1991	577	22.9	12.8	
Development Quotients				
First Testing	646	.57	.32	8.5*
Spring, 1991	646	.66	.26	
Fall, 1990	576	.60	.30	6.3*
Spring, 1991	576	.65	.26	

* $p < 0.05$

The results presented in Table 2 show statistically significant improvement in both receptive and expressive language scores and quotients. For receptive language, between their first and recent Spring 1991 testing, the same group of children increased their receptive language performance by nearly 12 months and their expressive language improved by 11 months over an average time span of 12.2 months (average time between the first and the last test). Since this comparison has considerable variability in the time between the administration of the tests, as well as in number of months per year of program intervention, it is useful to look at the language scores on tests that are administered at roughly equal intervals. The comparison of the Spring 1991 and Fall 1990 tests (average 7.7 months apart within a school year) shows the language scores increased by a little more than seven months on the receptive and seven months on the expressive scale. These are much larger improvements than the National Demographic Survey (Gentile, 1971) which suggests only one month's language growth per year for children with a hearing impairment.

The ratio of language age to chronological age (Language Development Quotient) in Spring 1991 is about 0.72 for receptive language and about 0.66 for expressive language. When comparisons of language quotients are made between test dates, the data indicate that the ratio (or rate) of language acquisition is increasing and this increase is statistically significant. These results exceed the prediction set forth by the multiplicative model, which estimates that the ratio of a child's language age to chronological age will remain constant.

3.4 PROPORTIONAL CHANGE INDEXES

Another method used to compare language developmental rate during intervention with developmental rate measured at pretest is the Proportional Change Index (PCI), as described by Wolery (1983).

First, LDS test scores were transformed to Intervention Efficiency Indexes (IEI) (Bagnato & Neisworth, 1980) by dividing the developmental gain between the pretest and the posttest by the time between the pretest and the posttest. The IEI was then divided by the pretest developmental rate (PDR). The PDR was computed by dividing the pretest developmental age by the pretest chronological age. These transformations yielded PCIs.

$$\text{IEI/PDR} = \underline{\text{PCI}}$$

Children whose rates of development are slower during intervention than at pretest will receive a PCI of less than 1.0. In contrast, children whose rates of development accelerated during intervention will receive a PCI greater than 1.0. Ideally, one would want to see accelerated rates (i.e., greater than 1). Proportional Change Indexes of the receptive and expressive language development areas of the LDS for SKI*HI children are shown in Table 3.

Table 3

PROPORTIONAL CHANGE INDEXES
FOR PROJECT SKI*HI CHILDREN
Spring, 1991

ALL

	Expressive LDS	Receptive LDS
N	644	643
Mean PCI	2.47	2.36
Median PCI	1.61	1.67

The average SKI*HI child shows accelerated growth during SKI*HI intervention in both expressive and receptive areas of language development.

3.5 OVERALL TEST RESULTS

Overall, the results show not only statistically significant gains in both expressive and receptive language, but that these gains exceed those predicted by either an additive or a multiplicative model. This data strongly suggests that the SKI*HI program is improving both the receptive and expressive language of hearing impaired children through home intervention.

4.0 SUMMARY OF LANGUAGE PROGRESS

Kevin, the typical child served by Project SKI*HI this year, was about 23.7 months old when his language development was first checked by the Language Development Scale. At that time, his receptive language age measured 13.7 months and his expressive language age 12.5 months. His most recent test at about 35.9 months of age showed that his receptive language improved to 25.5 months and expressive language to 23.3 months. In other words, in 12.2 months time, Kevin made nearly 12 months of receptive language progress and 11 months of expressive language progress.

In addition, Kevin made seven months of receptive language progress and seven months of expressive language progress during 7.7 months of treatment time during the school year 1990-1991. These improvements greatly exceed the expectations of the two different criteria discussed above. Kevin's language is growing faster than one month per year as suggested by the National Demographic Study (additive model). It is also growing faster than what would be expected with the multiplicative model. The rate of Kevin's language growth is increasing and the numerical size of the increase is statistically significant. These positive findings confirm the effectiveness of the SKI*HI program in improving language performance of hearing impaired children.

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APPENDIX H

Annual Survey Card

IMPORTANT! Please complete this SKI*HI Institute Annual Survey and Return Immediately. Thank You! Reporting Period: 1990-1991

Please make corrections to address if necessary:

Mailing Label

Phone (_____)_____

Who should we contact regarding your SKI*HI Program? _____

Number of parent advisors (i.e., early interventionists serving SKI*HI hearing impaired children aged birth to five in the home) working in parent-infant programming.

Parent Advisors: full time _____ # SKI*HI children served _____

part time _____ # SKI*HI children served _____

Total # of individual children served _____

Comments: _____

APPENDIX I

SKI*HI Institute Annual Report: Extract

SKI*HI INSTITUTE ANNUAL REPORT
- 1991 -

SKI*HI INSTITUTE
Department of Communicative Disorders
UTAH STATE UNIVERSITY
Logan, Utah

INTRODUCTION

This report contains a description of the 1990-91 SKI*HI Institute activities and the impact these activities had on children with sensory impairments, their families, and the professional community serving these children. The Institute branched into previously untried and unknown areas of service in 1989 and continued into 1991. Dr. Clark, the Director of the Institute, examined the needs of our various audiences throughout the country and responded to those needs with grant proposals. The result was the awarding to the Institute of three new grants.

The Institute, although formerly primarily an outreach and training organization, has evolved into a research, product development, program development, inservice, direct service and training organization. The Institute looks forward to assisting in the development of a National Network for parents and professionals working and caring for infants and toddlers with sensory impairments.

ACKNOWLEDGMENTS

The SKI*HI Institute wishes to acknowledge the many people throughout the United States and Canada who so willingly accept the challenge of working with families of children with sensory impairments and express the dedication necessary to see their programs succeed. The SKI*HI Institute is grateful for its association with Utah State University, the Communicative Disorders Department of the University, and all the other supportive services and agencies that help the Institute accomplish its work more meaningfully and efficiently. The SKI*HI network now reaches more than 1700 parent advisors throughout the United States. These parent advisors, the heart of home intervention for children with sensory impairments, and the programs to which they belong, although independent and funded by a variety of sources, look to the SKI*HI Institute for leadership, for inspiration, and for direction. The Institute wishes to acknowledge its gratitude to the United States Office of Special Education, the Office of Educational Research and Improvement, the National Diffusion Network, and the Utah State Office of Education, for their willingness to support the Institute in its endeavors.

SKI*HI FACTS: 1991

The SKI*HI Model is a Parent Infant Home Intervention model for the families of infants and young children with hearing impairments. The Outreach Project provides awareness, training, materials, technical assistance, workshops, and evaluation. It is funded by two U.S. Department of Education Grants: EEPCD in the Office of Special Education Programs, and the National Diffusion Network.

ADOPTION DATA

Number of adoption sites reporting on Annual Survey: 107

Number of total adoptions: 258

Number of children served: 2,035

Number of additional estimated children: 1,919

Number of full-time staff: 101

Number of part-time staff: 598

Number of additional estimated staff: 300

Number of states with SKI*HI Program: 43

Number of foreign countries: 1

AWARENESS AND DISSEMINATION DATA

Awareness process: 5

Materials disseminated: 2,137

Presentations at state and regional conferences: 6

Presentations at professional meetings: 1

TRAINING AND TECHNICAL ASSISTANCE DATA

Number of national trainers: 8

Number of local trainers: 71

Number of training sites this year:

New - 2
Continuation - 3
(each site can include several agencies)

Number of professionals trained at each site: 10 to 30

Number of new local trainers certified this year: 5

Number of sites receiving technical assistance this year: 6

CHILD ACHIEVEMENT GAINS

Language evaluation instrument: SKI*HI Language Development Scale

RESULTS:

SKI*HI children made statistically significant gains in language development from pre-treatment test to most recent test.

In 1990-91:

Mean age of ID: 18.2 months

Median age of ID: 17.0 months

Time between suspicion and ID: median 2.0 months

Time between ID and placement: median 3.0 months

Fall 1990 pre-test to Spring 1991 post-test (8 months):

8 months receptive language growth
7 months expressive language growth

APPENDIX J

North Central Regional Conference Program

Sensory Impaired
Home Intervention

SKI*HI / INSITE

NORTH CENTRAL REGIONAL CONFERENCE

Bethel College - St. Paul, MN
July 30, 31 & August 1, 1992

BEST COPY AVAILABLE

WELCOME

WEDNESDAY, JULY 29, 1992

3:30 pm - 10:00 pm **Conference Registration and Check-In** - ***Lounge, Physical Education Building***

THURSDAY, JULY 30, 1992

8:00 am - 12:00 pm **Conference Registration and Check-In** - ***Lounge, Physical Education Building***

8:00 am - 4:00 pm **Exhibits Open** - ***Fine Arts, Room 311***

9:00 am - 9:45 am **General Session** - ***Fine Arts, Room 313***
Opening Activities
Welcome: Thomas Clark, PhD, Founder, SKI*HI Institute

9:45 am - 10:00 am **Intermission**

10:00 am - 12:00 pm **Keynote Presentation** - ***Fine Arts, Room 313*** - ***Rock Soup*** by Sally Sloop
ROCK SOUP: Parents Making Dreams Out of Life's Hard Places is the result of two parents seeking to creatively impart a unique message about parenting children with special needs. The ROCK SOUP logo is based on the folktale of some soldiers who, hungry and tired, convinced the towns-people that with a little cooperation and sharing, a wonderful soup could be had from mere rocks or stones! Likewise are the parents of children with special needs trying to meet demands within the family often under 'tired and hungry' conditions. ...ROCK SOUP provides an open and honest message regarding the family experience in parenting children with special needs. Through this journey of diagnosis, medical issues, the grieving process, insurance obstacles, school options and family empowerment, ROCK SOUP presents a highly personal view of the realities facing families...

12:00 pm - 6:00 pm **Conference Registration and Check-In** - ***Fine Arts, Lounge***

12:00 pm - 12:30 pm (*Serving Time*) **Lunch**

12:30 pm - 1:15 pm **Lunch and CRACKERBARREL SESSIONS #I** - *Dining Hall (Learning Resource Center, 2nd Level)*
Working with Parents in the Grieving Process - Nicole Halabi
Managing Behavior Challenges in the Home - Sue Rose
Working with Children with Motor Impairments - Stephen Bail
Sharing on Tactile and Braille Readiness - Mary Korsmo
Deaf Culture - Larry Rhodes
Sharing on Family Focused Interview - Don Barringer
Discussion on Service Deliveries and Philosophies - Cindy Hallberg
Working on Speech in the Home - Kathy Johnson
Arena Assessment - Christine Cook
Safety Issues and Infectious Diseases - Debbie Lively

1:30 pm - 2:45 pm **CONCURRENT SESSIONS #1**
Panel: ***What Makes a Good Home Visit?*** - ***Fine Arts, Room 306***
Facilitator: Linda Williams-Tuenge
Panel Members: Mary Kahler, Kim Allgor, Wendy Sullivan
Parent Advisors share their home visit experiences and their approaches that they have found to be effective when working with families.
Presentation: ***Challenge of the 90's: Children and Infants at Risk*** - ***Fine Arts, Room 313***
Presenter: Debbie Lively **Facilitator:** Mary Cashman-Bakken
Lecture plus discussion to help familiarize you with distress signs, characteristics, behaviors, and intervention strategies associated with drug affected infants and pre-schoolers. Good information for home intervention and center based programming.

WEDNESDAY - THURSDAY

THURSDAY - Cont.
FRIDAY

FRIDAY - Cont.

1:9

SATURDAY

THANK YOU FOR COMING!!

CONCURRENT SESSIONS - Cont.

Presentation: ***Programmable Hearing Aids - Academic Center, Room 300***

Presenter: Dave Fabry, PhD **Facilitator:** Janet Enger

Lecture with audience participation strongly encouraged to discuss advantages and disadvantages of emerging technology related to amplification devices. Will include digitally programmable hearing aids and behind-the-ear FM systems.

Presentation: - ***What do I Need to Know About the Orientation and Mobility Needs of Preschoolers with Vision Impairments - Fine Arts, Room 312***

Presenter: Lydia Peterson **Facilitator:** Elizabeth Morgan

As an advocate of role release and a transdisciplinary approach to O & M, Miss Peterson will discuss functional O & M training for early education learners across all environments.

Administrators' Meeting (All persons involved in administration or supervision of programs, please attend.): ***Networking and Important Issues - Academic Center, Room 305***

Facilitator: Don Barringer

– Please consult attached ***Administrators' Conference Agenda*** –

2:45 pm - 3:00 pm **Break** - *Fine Arts, in front of Lounge*

3:00 pm - 4:15 pm **CONCURRENT SESSIONS #2**

Presentation: ***Transdisciplinary Approach in Early Intervention - Project DAKOTA - Fine Arts, Room 306***

Presenters: Lori Guzman, Becky Lebens, Jean Mendenhall **Facilitator:** Don Barringer

Lecture and participant discussion of the key concepts of transdisciplinary (TD) teamwork, as well as its pros and cons. A staff member and a parent from Project Dakota will share how these ideas work in their everyday lives.

Panel: ***Working with Families of Young Children with Special Health Care Needs - Academic Center, Room 300***

Panelists: Maria Anderson, Carolyn Anderson, Lynn Klaber **Moderator:** Bess Morgan

A lecture with discussion of various aspects of working with special health care needs children and their families: Who these children are; their medical and education needs; the concerns of their families; the role of the home interventionist; who service providers are and how they interact to best serve the child and the family; and resource availability.

Presentation: ***Pediatric Hearing Aid Management - Fine Arts, Room 313***

Presenter: Kevin Schruers, MA **Facilitator:** Janet Enger

Lecture with audience participation: Exploration of factors affecting acceptance of hearing loss and adjustment to hearing aids.

Presentation: ***Securing Low Vision Intervention - Fine Arts, Room 312***

Presenter: Larry Rhodes **Facilitator:** Self

Strategies for administrators and early intervention workers to use for securing appropriate intervention for children with low vision. Areas to be covered are: What is Low Vision; What Constitutes a Comprehensive Low Vision Service; How to Find Low Vision Services in Your Area; and How to Evaluate the Quality of the Low Vision Intervention.

4:15 pm - 5:00 pm **Administrators' Meeting** - *Academic Center, Room 305*

Facilitator: Don Barringer

Please consult attached **Administrators' Conference Agenda**

4:30 pm - 5:30 pm **Special Meeting for Local Certified SKI*HI and INSITE Trainers** - *Fine Arts, Room 311*

6:00 pm **Conference Barbecue** - *Kresge Patio*

7:30 pm - 9:00 pm **Film Festival** - *Fine Arts, Room 312*

THURSDAY - Cont.

FRIDAY

FRIDAY - Cont.

SATURDAY

FRIDAY, JULY 31, 1992

7:00 am - 8:15 am **Administrator's Breakfast/Presentation** - *Royal Oak Room, Dining Hall*

Presenter: Tamara Jolly, National Training Center for Drug Exposed and HIV Infected Children and Their Families

Presentation: ***Special Issues - Working with HIV-Infected Children and Their Families***

A workshop to provide professionals with information for shaping current programs and practices to better serve children and families affected by HIV disease.

7:45 am - 8:15 am (*Serving Time*) **Breakfast** - *Dining Hall*

8:00 am - 4:00 pm **Exhibits open** - *Fine Arts, Room 311*

8:00 am - 4:00 pm **Conference Registration and Check-In** - *Fine Arts, Lounge*

8:30 am - 9:15 am **General Session** - *Fine Arts, Room 313*

What's New at SKI*HI - Thomas Clark & SKI*HI Institute Staff

9:30 am - 10:45 am **CONCURRENT SESSIONS #3**

Presentation: ***Multi-cultural Diversity: Everything You Need to Know But Did Not Learn in Kindergarten*** - *Fine Arts, Room 306*

Presenter: Virginia Richardson **Facilitator:** Bess Morgan

An interactive session to help participants be more intentional in their interaction with diverse families leading to more effective communications with all families.

Presentation: ***Behavior Issues with Young Children with Disabilities*** - *Fine Arts, Room 313*

Presenter: Jo Mascorro **Facilitator:** Jean Snowden

Realistic strategies will be shared to assist individuals who feel challenged by behavior demonstrations considered inappropriate to survive day-to-day encounters!

Presentation: ***Multihandicapped Deaf*** - *Fine Arts, Room 312*

Presenters: Alex and Polly Slappey **Facilitator:** Nancy Kathman

Lecture and group discussion of a practical and functional approach to understanding the multihandicapped deaf child. Specific areas are definitions, use of auxiliary support staff, determining primary needs, and considerations for expressive communications. Questions and case studies welcomed.

Presentation: ***VIISA*** - *Academic Center, Room 300*

Presenter: Bess Morgan **Facilitator:** Larry Rhodes

Overview of the new field test manual being developed by SKI*HI for use with deaf and visually impaired pre-school aged children. It will introduce Project VIISA, a new inservice training grant which has developed short classes for EI and EC personnel working with visually impaired preschoolers in home- and center-based programs.

10:45 am - 11:00 am **Break**

11:00 am - 12:00 pm **CRACKERBARREL SESSIONS #2**

Fine Arts, Room 313

Communicating with Parents - Jo Mascorro

Support Groups: Beyond Home Intervention - Bruce Drackley

Fine Arts, Room 312

Sharing Activities and Ideas to Use in Lessons During Home Visits - Kitri Larson Kyllo

How to Help Parents Decide Between Oral vs. Total Communication Methodologies - Lori Rowan

Sharing on Infant Massage - Kelly Parish

Fine Arts, Room 306

Sharing About IFSP's - Christine Cook

Major Themes - Working with HIV-Infected Children and Their Families - Tamara Jolly

Academic Center, Room 300

Isolation of SKI*HI and INSITE Users - Nicole Halabi

Academic Center, Room 305

Cultural Issues - Virginia Richardson

12:00 pm - 12:30 pm (*Serving Time*) **Lunch** - *Dining Hall*

1:30 pm - 2:45 **CONCURRENT SESSIONS #4**

Presentation: ***Communication with Young Children Who Are Deaf-Blind or Multihandicapped*** **(Part 1:** ***Behavior as Communication. . . How Do We Know?*****)** - *Fine Arts, Room 313*

Presenter: Jo Mascorro **Facilitator:** Bess Morgan

Non-verbal children often demonstrate extremely challenging behavior. Part 1 of two sessions, this presentation identifies behaviors common to the multi-handicapped child and offers appropriate interactions for use when such behaviors appear to interfere with learning.

Presentation: ***Innovative Approach to Bilingual/Bicultural Education*** **(Part 1)** - *Fine Arts, Room 312*

Presenter: Ann Titus, Louise Fitzpatric **Facilitator:** Vicki Bowe

Because deaf people are bilingual and bicultural, families of deaf children, particularly hearing families, need information and support as they become bilingual and bicultural. This information and support does not fall under traditional categories but, rather, are addressed in community-based programs which bring the "hearing" family and members of the deaf community together.

Presentation: ***Assessing Functional Vision with Parent Assistance (Part 1)*** - *Fine Arts, Room 306*

Presenter: Irene Topor **Facilitator:** Larry Rhodes

Contextual sensory vision assessment includes parents in the process of vision assessment through a practical, step-by-step procedure. Their participation in this process leads to daily use of vision within activities that are meaningful for the child. This session provides a general overview of assessments used to test functional vision of children with visual and concomitant disabilities.

2:45 pm - 3:00 pm **Break**

3:00 pm - 4:15 pm **CONCURRENT SESSIONS #5**

Presentation: ***Communication with Young Children Who Are Deaf-Blind or Multihandicapped*** **(Part 2:** ***Integrating Behavior in Communication Systems*****)** - *Fine Arts, Room 313*

Presenter: Jo Mascorro **Facilitator:** Bess Morgan

All children with disabilities must be recognized as communicators. It is our responsibility to assist them with development and integration of their communication system into their daily routine. This session will provide basic concepts and systems of interaction for the use of family members and service providers in communicating with non-verbal children who experience disabilities.

Presentation: ***Innovative Approach to Bilingual/Bicultural Education*** **(Part 2)** - *Fine Arts, Room 312*

Presenter: Ann Titus, Louise Fitzpatric **Facilitator:** Dorothy Johnson

Because deaf people are bilingual and bicultural, families of deaf children, particularly hearing families, need information and support as they become bilingual and bicultural. This information and support does not fall under traditional categories but, rather, are addressed in community-based programs which bring the "hearing" family and members of the deaf community together.

Presentation: ***Assessing Functional Vision with Parent Assistance*** **(Part 2)** - *Fine Arts, Room 306*

Presenter: Irene Topor **Facilitator:** Larry Rhodes

Contextual sensory vision assessment includes parents in the process of vision assessment through a practical, step-by-step procedure. Their participation in this process leads to daily use of vision within activities that are meaningful for the child. This session provides a general overview of assessments used to test functional vision of children with visual and concomitant disabilities. Part two reviews actual case studies of children and their families.

Presentation: ***Overview of Pediatric HIV Disease*** - *Academic Center, Room 300*

Presenter: Tamara Jolley **Facilitator:** To be announced

A review and discussion of pediatric HIV as it relates to transmission, course of disease and treatment, daily care, disclosure/confidentiality and developmental effects on children.

Administrators' Meeting: ***Leadership Issues - Academic Center, Room 305***
Facilitator: Don Barringer
Please consult attached Administrators' Conference Agenda

4:15 pm - 5:00 pm **Special meeting for all interested conference participants: Organizational meeting for a newly formed national network for Parent Advisors and Administrators/Supervisors,** ***SPANN*HI - Fine Arts, Room 313***

4:15 pm **Dismissal for those not attending the special meeting.**

5:30 pm - 6:00 pm *(Serving Time)* **Supper** - *Dining Hall*

7:00 pm - 8:30 pm **Film Festival** - *Fine Arts, Room 312*

SATURDAY, AUGUST 1, 1992

7:45 am - 8:15 am *(Serving Time)* **Breakfast** - *Dining Hall*

8:00 am - 3:00 pm **Check-out/Return Keys** - *Fine Arts, Lounge*

8:00 am - 11:30 am **Exhibits open** - *Fine Arts, Room 311*

9:00 am - 10:15 am **General Session:** ***Parent Panel - Fine Arts, Room 313***
Moderator: Fran Noteboom
Panelists: Jodi Toepper, Jeff and Darla Nelson, Dawn Koplitz, and Cathy Dombross, Chuck and Jean Hill

Parents are unique, sensitive, caring, hard-working individuals. They provide the vehicle for successful home visits and the means to steering successful children towards the future. How they feel, think, react, and meet the challenges of raising a child with a disability is critical.

10:15 am - 10:30 am **Break**

10:30 am - 11:30 am **General Session:** ***Wrapping-up the First North Central Regional SKI*HI/INSITE Conference and Planning for the Second - Fine Arts, Room 313***

DOOR PRIZE DRAWING - Must be present to win!

11:30 am - 12:30 pm **Administrators' Wrap-Up Meeting** - *Academic Center, Room 305*

11:30 am **General Dismissal**

12:30 pm **Administrators' Dismissal/Conference Closes**

12:15 pm - 12:45 pm **Lunch** - *Dining Hall*

By 3:00 pm **Checked out of rooms/keys returned**

SATURDAY

APPENDIX K

Agenda for National Trainers Meeting

AGENDA FOR NATIONAL SKI*HI TRAINERS

Thursday, November 19, 1992 Outreach Media Room #111

4:00 - 6:00 Trainers look at media and new materials available

6:30 Dinner at "The Grapevine Restaurant." Transportation provided

Friday, November 20, 1992

7:00 - 7:45 Breakfast - Sign in at "Carousel Square" (Downstairs, Taggert Student Center)

Meetings begin SKI*HI Institute Conference Room (downstairs)

8:30 WELCOME!

Who is our training audience? How well are we doing now in meeting their needs? What can we do to further adapt to their needs?

9:15 Each trainer outline content of her home study unit

10:00 Break

10:15 Discuss approach we want to take with the on-site workshops. What should be the relationship between the on-sites in the new format and the traditional 7-day on-site? In general, what do we need in the way of media and materials?

11:15 Presentation of and discussion of a suggested on-site agenda and format. Group generated discussion of techniques and presentation tools trainers have used and enjoyed. Division into work groups to develop training guidelines.

12:00 Lunch - USU Taggert Student Center Sky Room

1:30 (Conference Room) Meet in groups to develop training guidelines, suggestions for practica, overheads, media and materials.

5:00 Adjourn

6:00 Dinner (site to be decided) Transportation provided

Saturday, November 21, 1992

8:00	Breakfast - Sign in at "The Hub" - Taggert Student Center, downstairs

MORNING JOINT SESSION - SKI*HI Conference Room

9:00	Introductions
9:15	Discussion: How we can share, in a more meaningful way, the need for sensitivity to families as they seek to gain support and understanding and develop their plans?
10:15	Break
10:30	At SKI*HI: The Excitement **of** Growing; The Excitement **is** Growing!
11:30	How to communicate with the Institute and keep things running smoothly
12:00	Lunch (Catered by "Portable Feast")

SKI*HI and INSITE trainers split for afternoon sessions
- SKI*HI meets on main floor of Institute in lobby area -

1:00	New SKI*HI Manual -- Update training issues. Local trainer's training issues.
1:30	Sharing on training sections developed by groups. Balance with home study units.
2:45	Break
3:00	Current critical issues in hearing impairments that we need to consider
3:30	"Adoption" process for SKI*HI. Where we are on data collection.
4:00	Prospective training sites for 1992-93 and beyond. New pay schedule for training. Other business
4:45	Dismiss; Thank you for coming!
6:00	*Dinner with the Barringer's.* Transportation provided.

APPENDIX L

Additional SKI*HI Products

ADDITIONAL SKI*HI PRODUCTS

Home-based Programming for Families of Handicapped Children

The handbook provides home-based service providers with basic information on what home intervention is, why it is so important, and on basic concepts and techniques related to the providing of home visit services. Topics included in the handbook are: (a) description of and rationale for home-based programming, (b) understanding families, (c) what effect it has on a family to have a child with disabilities, (d) the roles of the primary service provider and the parent advisor, (e) characteristics of the parent advisor, and input from hundreds of parent advisors and parents throughout the U.S.

The Management of Home-Based Programs for Infant, Toddler and Preschool Aged Handicapped Children

This 330 page handbook is a compilation of papers presented at the National Conference on the Management of Home-Based Programs held in Dallas, Texas. The handbook presents for the first time ever, complete descriptions of how to set up and manage home based programs for children with sensory impairment by administrators who have successfully done it. Topics that are in the handbook include: Funding A Parent-Infant Program; Administratively Implementing A Home-Based Program; Job Description of the Parent Advisor; Training New Parent Advisors; Contracts and Payment; Parent Advisor Assignments; Management of Referral Systems; Child Identification, Case Processing, Assessment, and Planning; Case Management; Management of Support Services; Supervising Parent Advisors; Inservice Training; Evaluating Parent Advisor Performance; Longevity and Attrition of Parent Advisors; Transitioning from Home to Center-Based Programming; and Evaluating Home-Based Programs.

SKI*HI Home Total Communication Video Tapes

Set of 20 tapes. These tapes are the result of two years of research and national field testing. Ten beginning and ten intermediate tapes with three lessons on each. Over 1,000 signs for parents. Lessons include presentation of signs, simple explanations, picture inserts, parent sign checks, practice sentences and demonstration of using Total Communication in the home.

Assisting Parents Through the Mourning Process Video Cassette

A 20-minute color video cassette featuring Dr. James Blair describing the mourning process experienced by parents of a child with disabilities and ways in which the professional can help them through the process.

Video Tapes of SKI*HI Home Visits

For professionals and parents who wish to know what one might expect from a home visit. The following aspects of a visit are shown - data collection, explanation, modeling, and parent performance of skills. Three different parent advisors demonstrate their individual styles in conducting a home visit.

Overview of the SKI*HI Model Video Cassette

This video tape describes a comprehensive early childhood home-based delivery model for families of infant, toddler and preschool aged children who are hearing impaired. The tape shows a comprehensive hearing screening and referral program, and explains child intake and evaluation. It depicts the direct services of weekly home visit to families. It describes each of the SKI*HI programs.

SKI*HI Overview Video Tape for Administrators

Presents the SKI*HI program in a way that shows its benefits from an administrator's point of view. Describes the training and discusses relationship with P.L. 99-457.

Auditory Levels Video Cassette

This 20-minute video tape shows SKI*HI children at various auditory and speech levels. Beginning with attending to sounds and early vocalizing, the tape shows a progression through recognition and location of sounds, varied vocalization patterns, beginning production of speech sounds, and finally auditory discrimination of sounds and beginning conversational speech use. The second half of the tape tests the viewer's ability to identify the various auditory and speech levels demonstrated by the children.

Close-ups of SKI*HI Children Video Cassette

This video tape shows children various locations throughout the United States who have been in a SKI*HI Program. It shows children who have been in an aural-oral program and children who have been in a Total Communication program.

What is a Parent Advisor? Video Cassette

This is a 27-minute video tape in which several parent advisors with a wide variety of background in SKI*H and INSITE parent-infant home programming talk about their experiences and feelings. They describe some of the families with whom they have worked,

lessons they have learned, humorous episodes, and challenging and rewarding times. A theme of deep satisfaction with the profession runs through the descriptions.

Cued Speech: Another Option: Two video tapes with accompanying monograph

Cued Speech Instruction is a series of twenty lessons on two video casssettes, designed to teach hearing individuals Cued Speech. Each lesson is about 5 minutes long and is followed by a brief practice session. The Cues for all of the sounds of the English language are taught as well as the principles for developing words, phrases and sentences. Once the lessons have been completed, the serious student will be able to Cue anything that he/she can say including nonsense words and words that initiate actual sounds made by things in the environment.

The accompanying monograph describes how Cued Speech may be used as part of SKI*HI programming.

Developing Cognition in Young Children Who Are Hearing Impaired

A 150-page fully illustrated booklet containing information on how parents can promote thinking skills in their children who are hearing impaired that lead to communication development and prevent negative effects of hearing loss on cognitive growth.

Sign Language for the Family: A Total Communication Picture Reference Book to Accompany SKI*HI Total Communication Video Tape Program

This 225 page reference book is designed to accompany SKI*HI's state-of-the-art Home Total Communication video tapes. The booklet is organized into the same 60 lessons that are on the video tapes. Signs taught in each lesson are first listed followed by a listing of practice sentences. Next, home activities and home games are given which emphasize the signs taught in each lesson. Family members can use these activities to reinforce their use of the signs in the home. Finally, pictures and descriptions of the signs presented in each lesson are given. These picture references enable family members to look up signs they have forgotten and help parent advisors to review signs before making home visits.

Research Report on the SKI*HI Model

SKI*HI Home-Based Programming for Children With Hearing Impairments - Demographics, Child Identification and Program Effectiveness. This was a 3 year-study funded by U.S. Office of Special Education and conducted by the SKI*HI Institute. It includes data on more than 5,000 children and their families - 310 pages.

SKI*HI Language Development Scale

A parent observation scale listing the receptive and expressive language skills of children age birth to five. Specifically designed for children who are hearing impaired.

Monograph #1: Puppet Fun for Hearing Impaired Children

This booklet contains several easy-to-make "Talking Puppets" to encourage young hearing impaired children to verbally communicate.

Monograph #3: Developing Consistent and Effective Total Communication in the Home

A 153-page booklet providing information on total communication for parents and parent advisors. This illustrated book sets forth a systematic approach for developing consistent and effective use of total communication in the home environment. The basic content of this monograph is contained in the SKI*HI Manual, but may be ordered separately.

Monograph #5: SKI*HI Programming for Children with Chronic Middle Ear Disease

This monograph describes home programming for children with recurring middle ear disease. Because young children who experience chronic otitis media typically show delay in auditory language development and educational achievement, early home programming to ameliorate these problems is critical. The booklet refers to programs in the SKI*HI Model and the SKI*HI Cognition Booklet to which the user should have access.

Monograph #6: Parent Advising: Personal Experiences and Reactions

This booklet contains heartwarming, inspiring, and sometimes frustrating experiences of SKI*HI and INSITE parent advisors throughout the country. Also included are reactions of parents to their own parent advisors (in their own handwriting).

APPENDIX M

Brochure for American Association of Home-Based Early Interventionists (AAHBEI)

From:

Utah State University
809 North 800 East
Logan, Utah 84322-1900

AAHBEI
American Association for Home Based Early Interventionists

133

AAHBEI & YOU

AAHBEI offers the first opportunity to affiliate with an organization expressly addressing the concerns of early home intervention for children with special needs and their families. There is no organization like AAHBEI!

There are 2,000 SKI*HI/INSITE parent advisors nationwide, plus thousands of other professionals who are currently working in the field of early intervention. Professionals and parents need a way of communicating, innovating and growing together.

If you work with youngsters with special needs and their families, and you:

* Could benefit from specially designed conferences
* Would like to receive pertinent newsletters
* Want to stay informed about current issues
* Want to belong to an organization that advocates your interests in the public arena
* Would like to belong to a national network of individuals who work in family centered early intervention

... then you will want to join AAHBEI!

Currently the seven governing board members are actively involved in organizational development and welcoming new members. Now is an exciting time to join AAHBEI.

AAHBEI

American Association for Home-Based Early Interventionists

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WHAT & WHY

AAHBEI is an exciting new organization designed to serve those professionals, parents and students working in early home intervention for families of infants, toddlers and preschoolers with special needs.

Historically these needs have been met informally through the programs and activities of organizations like the SKI*HI Institute. With recent legislation, home intervention programs are being developed which provide direct services to families. The individuals involved in these programs need an organization to represent their interests. Based on a nationwide survey it has become apparent that now is the time for an independent organization like AAHBEI to serve its membership.

AAHBEI MISSION

To assure professional affiliation for parent advisors, administrators and other professionals working in the field of early home intervention and to provide the membership with direction, knowledge, linkage, advocacy, leadership, skills, and resources needed to empower parents of young children with special needs to receive services in sufficient quality and quantity to assist their children to reach their maximum potential.

WHO

AAHBEI membership is open to a variety of professionals and individuals interested or involved in early intervention including:

* Parent advisors/early intervention providers
* Family members and parents
* University faculty, staff and students
* Representatives of groups and associations concerned with adequate services
* Representatives of private agencies
* Representatives of government and public agencies

HOW

AAHBEI will promote and enhance quality home intervention services for families of young children with special needs through the following activities:

* Advocate with educators and government agencies for programs that ensure optimum intervention
* Provide current information regarding legislation, funding and related issues to members
* Enhance early identification through public awareness, informed related personnel, and parent/caregiver education
* Provide professional support through conferences, training, certification and networking services
* Publish a newsletter with information regarding conferences, publications, products, regional activities, funding and innovative techniques and technologies

Yes, I wish to join and support the AAHBEI national organization. Enclosed is my check or money order in the amount of $ _____

Please indicate membership category:

- ☐ **LIFE Member** $250.00
- ☐ **Professional** ..... $ 25.00
  working in the field of early home intervention for special needs
- ☐ **Affiliate** ..... $ 25.00
  parents and other professionals
- ☐ **Student** ..... $ 10.00
  currently enrolled in a preservice program

Name _____

Agency _____ Position _____

Address _____

City _____ State _____ Zip _____

Phone Work (___) _____ Home (___) _____

FAX (___) _____